IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:)	CASE NO. 14-71797
)	
HP/SUPERIOR, INC.,)	Chapter 11
)	
Debtor.)	JUDGE BONAPFEL

DEBTOR'S MONTHLY FINANCIAL REPORT FOR THE PERIOD

FROM FEBRUARY 1, 2015 TO FEBRUARY 28, 2015

Comes now the above-named debtor and files its Periodic Financial Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Attorney for Debor
J. ROBERT WILLIAMSON

Georgia Bar No. 765214 ASHLEY REYNOLDS RAY Georgia Bar No. 601559

Debtor's Address and Phone Number:

1800 New York Avenue Superior, WI 54880 Attorney's Address and Phone Number:

1500 Candler Building 127 Peachtree Street, NE Atlanta, GA 30303 Tel: (404) 893-3880

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FOR THE PERIOD BEGINNING 2/1/15 AND ENDING 2/28/15

Name of Debtor: <u>HP/Superior, Inc.</u>			Case Number 14-71797
Date of Petition:		CURRENT	CUMULATIVE
		MONTH	PETITION TO DATED
1. FUNDS AT BEGINNING OF PERIOD		2,788.84 (a)	10,871.90 (b)
2. RECEIPTS			on Meaning—see the Atlanta
A. Cash Sales	-		
Minus: Cash Refunds	(-)		
Net Cash Sales	-	254,715.24	1,123,493.16
B. Accounts Receivable			
C. Other Receipts (See MOR-3)	-	46,511.24	132,123.50
(If you receive rental income, you must attach a rent roll.)			
3. TOTAL RECEIPTS (Lines 2/1+2B+2C)		301,226.48	1,255,616.66
4. TOTAL FUNDS AVAILABLE FOR		004/440770	
OPERATIONS (Line 1 + Line 3)		304,015.32	1,266,488.56
,	3-11-3		WATER TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO
5. DISBURSEMENTS			
A. Adverising	-		*
B. Bank Charges		467.57	3,155.81
C. Contract Labor		55,187.58	148,753.07
D. Fixed Asset Payments (not incl. in "N")	4		
E. Insurance		4,894.80	132,303.24
F. Inventory Payment (See Attache 2)			NO MARKET LINES
G. Leases	17	801.08	2,452.75
H. Patient Care Supplies	40000	29,741.41	154,050.24
I. Office Supples	-		
J. Payroll - Net (See Attachment 4B)	-	134,771.67	667,360.56
K. Professional Fees (Accounting & Legal)	200	•	0€:
L. Rent			() E::
M. Repairs & Maintenance	•	4,307.77	8,644.37
N. Secured Creditor Payments (See Attach 2)			3-
O. Taxes Paid - Payroll (See Attachment 4C)	-		42,100.70
P. Taxes Paid - Sales & Use (See Attachment 4C)			
Q. Taxes Paid - (See Attachement 4C)	5		Sec. 7
R. Telephone		1,550.54	3,176.96
S. Travel & Entertainment	-	185.71	4,641.89
Y. U.S. Trustee Quareterly Fees	****		
U. Utilities		47,717.10	65,659.99
V. Vehicle Expenses			***
W. Other Operating Expenses (See MOR-3)	-	3,930.00	13,728.89
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	-	283,555.23	1,246,028.47
7. ENDING BALANCE (Line 4 Minus Line 6)		20,460.09 (c)	20,460.09 (c)
1. Milenia experimentalistic a miner eme of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25, 100.00 10 1	(0)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and helief.

This 12 th day of 4 th, 2015.

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(e)These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

Description	Current Month	Cumulative Petition to Date
Guest Meals,	\$62.88	\$296.21
Lien Repayment		\$32,455.85
Loan From AltaCare Corporation		\$47,500.00
Net Bank Reversals		\$5,041.10
Interest	\$0.94	\$2.30
Coping	\$30.00	\$60.20
MCD Advance	\$47,500.00	\$47,500.00
Screening and Garnishment Collection	\$270.00	\$470.00
AR Positing Timing	(\$1,352.58)	(\$1,202.16)
TOTAL OTHER RECEIPTS	\$46,511.24	\$132,123,50

[&]quot;Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

Loan Amount	Source of Funds	Purpose	Repayment Schedule
\$47,700	AltaCare Corporation	Working Capital	Administrative Expenses
	19112	-	

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

Description	Current Month	Cumulative Petition to Date
Lien With Holdings	///	\$6,986.69
		\$2,270.20
WPC Certification		\$542.00
Carl Rateliff	\$2,800.00	\$2,800.00
Payment #16 Act#4290	\$1,130.00	\$1,130.00
	- 100 and 100 and	
OTAL OTHER DISBURSEMENTS	\$3,930,00	\$13,728.89

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement. Will when available

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor:H	P/Superior, Inc.		Case Number: _	14-71797
Reporting Period begin	nning <u>2/1/15</u>		Period ending	2/28/15
ACCOUNTS RECEIV effectively the October				November 1 was a Saturday and Date.
(Include <u>all</u> accounts renot been received):			E RECONCILIA etition, including o	TION charge card sales which have
MINUS: Co PLUS/MINU End of Month *For any adjustments of	ent Month New I llection During t US: Adjustments Balance or Write-offs prov	he Month or Writeoffs vide explanation	\$ 832,880.30 314,064.23 \$ (254,715.24) \$ 19,198.98 \$ 911,428.27 and supporting do	(a)(b)*(c) cumentation, if applicable:
Various routine a	djustments for	prior months.		
			S RECEIVABLE ory for all account	
0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ 199,679.63	\$122,555.18	\$81,006.73	\$508,186.73	\$911,428.27 (c)
For any receivables in	the "Over 90 Day	ys" category, ple	ease provide the fo	llowing:
Customer	Receivable <u>Date</u>	write-off, disponential medicaid and work and collestate receivers	ited account, etc.) Medicare Various et on these accoun hip' \$48k is awaiti	estimate of collectibility, The Debtor continues to bill, ts. \$100+ is involoved in a ng various state approvals and cost reporting process.

- _(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b)This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).
- (c) These two amounts must equal.

St Francis in the Park Health and Rehab (068) Month-end Aged Analysis

For the Month of Feb, 2015

A Resident (Res #)(Discharge Date)

M Type Balance Fe

C O

D Aged Analysis Summary SA 199,679.63 97,167,99 4,340.00 14,746.06 39,541.52 14,543.65 3,260.46 7,949.66 4,761.00 8,190.00 3,090.41 1,417.50 21.91% 671.38 Feb 122,555,18 67,130.67 5,511,00 14,587.10 3,322.02 2,829.54 5,286.62 6,417.00 4,732.28 3,293.92 7,875.00 986.15 13.45% 404.22 179.66 Jan 81,006.73 46,324.92 4,320.00 3,933.00 3,926.05 4,977.07 4,767.94 3,294.71 1,993.39 6,080,00 683.89 516.82 8.89% 179.66 6.00 3.28 Dec 33,034.55 5,028.58 5,752.00 16,005.77 8,686.40 1,909.24 4,042.20 1,092.57 141.37 307.45 3.62% 222.16 565,49 760.00 22.86 2.46 Nov 34,633.53 2,876.28 8,198.27 7,829.06 2,924.99-3,557.64 6,431.03 4,176.94 3,192.00 526.26 257.34 3.80% 123.56 339,68 33.00 17,46 000 23,193.67 2,606.34 2,087.69 1,349,44 5,887.43 2,167.80 1,637.13 4,042.20 2,280.00 110.22 288.89 362.53 2.54% 365.21 8.79 Sep 417,324.98 1,664.53 6,773.06 11,342.20 8,662.72 55,988.70 28,746.67 16,213.14 33,307.71 72,642.82 1,171.90 96,174.84 9,736.94 2,267.90 15,183.49 17,455.40 3,648.00 15,903.84 26,452.30 3,674.03 2,448.50 45.79% 225.24 334.80 875.00 24.00-40.14 95.77-Aug 911,428.27 311,590.63 96,174.84 37,100.55 1,664.53 28,698.26 3,890.46 19,368.52 75,212.31 1,171.90 50,007.40 37,664.52 41,301.79 2,267.90 90,840.31 19,763.05 18,177.26 2,448.50 40,328.84 100.00% 30,404.30 334,80 3,674.03 5,065.50 515.83 635.16 875,00 57.00 24.00 Balance 63,829.07 28,220.07 35,609.00 Advance Bill Amt 975,257.34 37,100,55 110,821.31 311,590.63 56,918.33 37,664.52 3,890.46-96,174.84 50,007.40 18,177.26 19,368.52 41,301.79 1,664.53 90,840.31 2,267.90 1,171.90 19,763.05 40,328.84 5,065.50 30,404.30 3,674.03 2,448.50 515.83 334.80 635.16 57.00 875.00 Total Due

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A/R Twne

Balance Forward

Pavments

Prior Month Adiustments

Ending Balance

% of Bal Fwd Collected

St Francis in the Park Health and Rehab (068) For the Month of February, 2015

Billing Journal Summary

		2		0)	U	5
		MB COINS PENDING MCD OM COINS MCD OM COINS PRIVATE Totals:	PRIVALE RESIDENT LIABILITY MB COINS MCD MB COINS INS MB COINS PRIVATE	MCR REPLC MCD COIN MEDICAID SKILLED OUTPATIENT MEDICARE OUT PATIENT PRIVATE PENDING MEDICAID	INS COINS STATE MEDICARE A MEDICARE B MANAGED CARE MEDICARE REPLACEMENT MCR REPLC PVT COINS	MA COINS INS MA COINS PRIVATE MA COINS PENDING MCD HOSPICE MEDICAID HOSPICE INSURANCE INS COINS PVT
002 		1,664.53 611.33 57.00 832,880.30	43,052.31 26,627.34 17,473.72 (4,448.91)	2,267.90 262,907.42 635.16 (24.00) 54,482.01	36,965.08 45,246.40 96,174.84 1,171.90	32,257,84 2,448,50 3,648,00 18,177,26 19,763,05 26,758,14
	· *	(95.50) (254,715:24) 31,4,064.23	(51,339.00) (28,390.25) (1,344.42) (112.93)	(95,296.15)	(62,611.18) (13,897.81)	(1,628.00)
	ë.	314,064.23	44,982.00 30,213.31 3,090.41 671.38	143,957.74 7,949.66	39,541.52 14,746.06 4,761.00	8,190.00 1,417.50 14,543.65
000		1, 19,198,98 911,	38,517.00 247.86 148.81	21.62 (25,331.12)	6,807.62 (148.81)	(945.00) (119.00)
78,547.97*	4.	334.80 664.53 515.83 57.00	75,212.31 28,698.26 19,368.52 (3,890.46)	2,267.90 2,167.90 311,580.63 635.16 (24.00) 37,100.55	3,674.03 875.00 90,840.31 37,664.52 50,007.40 96,174.84 1 171.00	30,404.30 40,328.84 2,448.50 5,065.50 18,177.26 19,763.05 41,301.79
% .		15.62%	119.25% 106.62% 7.69%	36.25%	58.46% 37.60%	4.94%

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ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Deb	tor: <u>HP/Superior</u> ,	Inc.	Case Nu	ımber: <u>14-71797</u>	
Reporting Per	riod beginning 2/	1/15	Period o	ending <u>2/28/15</u>	ne-van
amounts owe	pelow list all invoice d prior to filing the p information requeste	petition. In the alto	ernative, a comp d.	outer generated list	petition. Do not include of payables may be attached
Date Incurred	Days <u>Outstanding</u>	Vendor	Desc	cription	Amount
		SEE ATT	TACHED AP	AGING	Annual Control of the
				THE RESERVE OF THE PARTY OF THE	The same and the s
	(Compalitation con)		D==11=00=000000000000000000000000000000		
TOTAL AMO	DUNT	S-111111111111111111111111111111111111)##	= -(1)-(0)0);2:	(b)
□ Check her documents	re if pre-petition de ation.	bts have been pai	id. Attach an o	explanation and co	
Opening Bala	ACCOUNTS PAY	ABLE RECONC		ost Petition Unsecu	
	w Indebtedness Incu Amount Paid on Post		\$ 174,383.3	3	-
	ecounts Payable Thi NUS: Adjustments	s Month	\$ (147,413.2	24)	*
Ending Month			\$ 309,480.97		(c)
*For any adju	stments provide exp	lanation and suppo	orting documen	tation, if applicable	
modification a		ured Creditors and cured creditor/less		Petition Only). If y	you have entered into a the United States Trustee
		Date		Number of Post	Total Amount of
Secured		Payment	Amount	Petition	Post Petition
Creditor/		Due This	Paid This	Payments	Payments
Lessor		Month	Month_	<u>Delinquent</u>	<u>Delinquent</u>
					200 - 100 -
	N. 2 22 2				
TOTAL	is carried forward from	a lost mostly a men	at Routho finat or	(d)	
(a) mus number	is carried forward from	n asumonun's repot	t, POFING TIEST FC	portonny, mis numbe	T WILL OU ZULO.

- (b, c) The total of line (b) must equal line (c).
- (d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

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Accounts Payable
Aged Payables Report
Vendor Summary Aged As of
Vend Vend Name

02/28/2015

HP/Superior-DIP

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
209	A-1 Movers Inc.	0.00	1,003.50	0.00	0.00	0.00	0.00	1,003,50	0 00
8	Aegis Therapies	0_00	67,065,14	0.00	64.717.39	0.00	2.347.75	0,00	0.00
1	AltaCare Corporation	0.00	4.255.73	0.00	4,452.79	-98.53	-98.53	0,00	0.00
9	American Healthtech	0.00	1,311.73	0.00	22.56	1,263,36	25.81	0,00	0.00
27	annLeo, Inc.	0.00	21.370.56	0.00	19.242.06	2,128.50	0.00	0.00	0.00
12	Aramark Uniform Services	0.00	21,829.54	0.00	21,829.54	0.00	0.00	0.00	0.00
18	Bachand Estates, LLP	0.00	15,556.69	0.00	0.00	5,207,13	4,877.19	5,472.37	0.00
166	Belknap Plumbing & Heating	0.00	101,22	0.00	101.22	0.00	0_00	0.00	0.00
73205	Brenda Dolsen	0.00	7.48	0.00	7.48	0.00	0.00	0,00	0.00
22	Charter Communications	0.00	937.12	0.00	705.34	0.00	231,78	0.00	0,00
325	City of Superior-Stormwater Utility	0.00	4,165.35	0.00	0.00	4,165.35	0_00	0,00	0.00
e <u>.</u>	Crandall & Associates	0.00	624.00	0.00	624.00	0.00	0.00	0.00	0.00
age	De Lage Landen Financial Services,	0.00	810.30	0.00	810.30	0.00	0.00	0,00	0 00
Pa	Inc.								
156	Ecolab	0.00	318.34	0.00	318.34	0.00	0.00	0.00	0.00
6	First Insurance Funding	0.00	6,919,10	0.00	3,459,55	3,459.55	0.00	0,00	0.00
nt ‡	Five Rivers Management, LLC	0.00	99.75	0.00	-960.10	539.90	500.00	19.95	0.00
ηe	Health Partners	0.00	4,598.10	0.00	4,578.10	0.00	0.00	20,00	0.00
U 207	Jean Graskey	0.00	49.63	0,00	49,63	0.00	0.00	0.00	0.00
OC 68	Jennifer Rose	0.00	26.44	0.00	26.44	0.00	0.00	0.00	0.00
D212	Jim Fauncezimmer	0.00	3,312,00	0.00	0.00	0.00	0,00	3,312,00	0.00
53	Joe P. Kimmes Oil Co., Inc.	0.00	0.73	0.00	0.00	0.25	0.48	0.00	0.00
208	Katrina Warner	0.00	175.00	0.00	175.00	0.00	0,00	0.00	0.00
160	LB Medwaste Services	0.00	278.00	0.00	278.00	0.00	0.00	0.00	0.00
59	Merwin LTC Pharmacy	0.00	15,000.67	0.00	10.915.46	4.085.21	0.00	0.00	0.00
71	National Vision Administrators	0.00	51.87	0.00	51.87	0.00	0.00	0.00	0.00
7	Petty Cash	0.00	8,275.84	0.00	8.275.84	0.00	0,00	0.00	0.00
8-	Platinum Care	0.00	10,305,79	0.00	10,305,79	0.00	0.00	0.00	0_00
78	Plunkett's Pest Control	0.00	80.98	0.00	80.98	0.00	0.00	0.00	0.00
206	Robertson Ryan & Associates, Inc.	0.00	12.36	0.00	12.36	0.00	0.00	0.00	0.00
38	SMDC Clinical Lab - (Essentia	0.00	1,152,95	0.00	1,179.25	0.00	-26.30	0.00	0.00
	Health)								
39	SMT Health Systems	0.00	462.22	0,00	0.00	462.22	0.00	0.00	0.00
106	Superior USA Corporation	0.00	2.514.47	0,00	1.450.00	927.36	137,11	0.00	0 00
Run Date:	4/6/2015 3:11:22 PM								

Business Date:

4/6/2015

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Business Date: Run Date:

4/6/2015 4/6/2015

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UNUM Life Insurance Company of

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10,077.82

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Farmily Svcs

WI Dept of Justice America

Wisconsin Dept of Health &

Report Totals:

Susan Santori Telephone Associates Taffaro Marketing Group Inc U.S. Foodservice

Superior Water & Light & Power Vend Name

Vend

Vendor Summary Aged As of

Aged Payables Report Accounts Payable

02/28/2015

Disc Amt

Future

Over 30 Days Over 60 Days

Over 90 Days Over 120 Days

0,00

20,713,45 Amount

0.00

20,713.45 Current

0,00

0.00

0.00

0,00

150.00 0.00

HP/Superior-DIP

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ATTACHMENT 3 INVENTORY AND FIXED ASSETS REPORT

Name of Debtor:	11P/Superior, Inc.		Case Number	r: <u>14-71797</u>	
Reporting Period beg	ginning <u>21/1/15</u>		Period endir	ng <u>2/28/15</u>	
		INVENTORY	REPORT		
INVENTORY RECO Inventory B PLUS: Inv MINUS: I PLUS/MI Inventory of	alance at Beginning of ventory Purchased Dunventory Used or Sol NUS: Adjustments of Hand at End of Mo	of Month uring Month Id Write-downs nth	\$ \$ \$ \$ \$		_(a)
METHOD OF COST					
*For any adjustments	or write-downs prov			ocumentation, if applic	cable.
		INVENTORY	' AGING		
Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory	
%				= 100	<u>10/0</u> *
	ventory contains peri				JB - 2018
		FIXED ASSET	REPORT		
FIXED ASSETS FA (Includes Property, P BRIEF DESCRIPTIO	lant and Equipment)			(b)	
PLUS: New	lue at Beginning of Mepreciation Expense Purchases US: Adjustments or V		\$ \$	*	u)(b)
*For any adjustments	or write-downs, pro	vide explanation a	nd supporting d	locumentation, if appl	icable.
PERIOD:				D OF DURING THE	
				port only, this number	

balance as of the petition date.

⁽b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

	Debtor: <u>IIP/Supe</u>	rior, Inc.	Case Nu	nber:	14-71797	
Reporting	Period beginning	2/1/15	Period	ending	2/28/15	
standard b other than the United	ank reconciliation the three required	form can be foun by the United Sta or to opening the	t and bank reconciliation d at http://www.usdoj.go tes Trustee Program are accounts. Additionally, es Trustee.	y/usi/r2 necessai	1/reg_info.htm. ry, permission n	If bank accounts oust be obtained from
NAME O	F BANK: Nation	al Bank of Comm	nerce BRANCH:		- Lines	
ACCOUN	T NAME:HP.	/Superior, Inc.	ACCOUNT N	UMBEI	R:xxxxxx429	00
PURPOSI	E OF ACCOUNTS	OPERA	TING		-111194	
V V I	Inding Balance per lus Total Amount of Jinus Total Amoun Jinus Service Char Inding Balance per	of Outstanding Do t of Outstanding ges	eposits Checks and other debits	\$ \$ (2,2 \$	37.82 558.98	* **(a)
*Debit ca	rds are used by	N/A				
**If Closi	ng Balance is neg	ative, provide ex	planation		·	
			Cash (do not includes ite ere authorized by United			Cash on Attachmen
					Frustee)	Cash on Attachmensish Disbursement
4D: (□	Check here if cash	disbursements w	ere authorized by United		Frustee)	
4D: (□	Check here if cash	disbursements w	ere authorized by United		Frustee)	
4D: (□	Check here if cash	disbursements w	ere authorized by United		Frustee)	
4D: (□ Date	Check here if cash Amount TRAN	Payce Payce SFERS BETWE	ere authorized by United	States Testing Ession	Frustee) Reason for Ca	sh Disbursement

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

Date 2/27/15 Page 1 Primary Account @XXXXXXXXXX04290 Enclosures 2

HP SUPERIOR INC ST FRANCIS IN THE PARK OPERATING ACCOUNT 1800 NEW YORK AVE SUPERIOR WI 54880

BIG PLANS FOR 2015? Let us help you save money today. We have low interest rates to finance your summer plans. Make an appointment with a Banker and find out what's possible.

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC ST FRANCIS IN THE PARK OPERATING ACCOUNT

PRIVACY NOTICE-Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at nbcbanking.com or we will mail you a free copy upon request if you call us at 715.394.5531.

BUSINESS CKING-RDC Account Number Previous Balance 9 Deposits/Credits 19 Checks/Debits SERVICE CHARGE Interest Paid Current Balance	@XXXXXXXXX@4290 23,441.71 170,356.66 151,901,57 .00 .00 41,896.80	Number of Enclosures Statement Dates 2/02/15 th Days in the statement period Average Ledger Average Collected	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
---	---	---	--

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$.00	\$120.00
Return item fees year to date	\$.00	\$.00

Date 2/27/15	Page 2
Primary Account	@XXXXXXXXXX@4290
Enclosures	2

BUSINESS CKING-RDC	@XXXXXXXXXX@4290	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
2/02 Analysis Service Charge 2/02 Transfer to G/L Acct No. @XXXXXXXXXX	2000	267.46- 50.00-	23,174.25 23,124.25
2/03 HCCLAIMPMT NATIONAL GOVER HP SUPERIOR INC 525397 TRN*1*EFT5259757*1351 0006001~	МИ	1,685.89	24,810.14
2/03 Wire Transfer Fee 2/03 Wire Transfer Debit HP SUPERIOR INC ST FR 071025661 4814771029 1800 NEW YORK AVE SUPERIOR, WI 54880 BMO HARRIS BANK NA CHICAGO, IL	ANCIS IN	10.00- 20,000.00-	24,800.14 4,800.14
20150203 00000 2/04 HCCLAIMPMT NATIONAL GOVER HP SUPERIOR INC 525397 TRN*1*EFT5261051*1351 0006001~	MM	1,444.78	6,244.92
2/05 HCCLAIMPMT NATIONAL GOVER HP SUPERIOR INC 525397 TRN*1*EFT5263756*1351 0006001~		3,516.35	9,761.27
2/05 Medicaid State of Wisc HP SUPERIOR INC DBA 31518594Y TRN*1*500729196*13960	06469	29,280.66	39,041.93
2/05 Total of 1 Check Presented 2/06 Wire Transfer Fee 2/06 Wire Transfer Debit HP SUPERIOR INC ST FRO 071025661 4814771096 1800 NEW YORK AVE SUPERIOR, WI 54880 BMO HARRIS BANK NA CHICAGO, IL 20150206 000004	d ANCIS IN	1,130.00- 10.00- 25,000.00-	37,911.93 37,901.93 12,901.93
2/11 Wire Transfer Fee 2/11 Wire Transfer Debit ARAMARK UNIFORM SERVI	CES (AUS)	10.00- 11,206.57-	12,891.93 1,685.36

Date 2/27/15 Page 3
Primary Account @XXXXXXXXX004290
Enclosures 2

BUSINESS CKING-RDC	@XXXXXXXXXX@4290	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
071000013 496557153 26605 NETWORK PLACE CHICAGO, IL 60673-1266 JPMCHASE ILLINOIS CHICAGO, IL ST FRANCIS JAN 2015			
20150211 000003 2/12 Medicaid State of Wisc HP SUPERIOR INC DBA 31528489Y	460	23,333.47	25,018.83
TRN*1*500732702*1396006 2/13 Wire Transfer Fee 2/13 Wire Transfer Fee 2/13 Wire Transfer Debit	409	10.00- 10.00- 2,800.00-	25,008.83 24,998.83 22,198.83
CARL RATCLIFFE 121000248 1010143068545 PO BOX 321 CANTON, GA 30169 WELLS FARGO NA SAN FRANCISCO, CA ST FRANCIS 20150213 000003			
2/13 Wire Transfer Debit AEGIS THERAPIES 065300486 6400110976 1000 FIANNA WAY FORT SMITH, AR 72919 BANCORPSOUTH BK TUPELO, MS ST FRANCIS DEC 14 INV		20,178.24-	2,020.59
20150213 000002 2/19 Medicaid State of Wisc HP SUPERIOR INC DBA 31538162Y TRN*1*500736299*13960064	150	15,003.81	17,024.40
2/20 Transf to PAYROLL		16,500.00-	524.40
Confirmation number 220 2/23 HCCLAIMPMT NATIONAL GOVERNM HP SUPERIOR INC 525397		54,452.76	54,977.16
TRN*1*EFT5291133*1351840 0006001~ 2/24 Total of 1 Check Presented	0 0 ₹ / ¢ c c	23,995.76-	30,981.40

Date 2/27/15	Page 4
Primary Account	@XXXXXXXXXX@4290
Enclosures	2

BUSINESS CKING-RDC	@XXXXXXXXXX@4290	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
2/25 Wire Transfer Debit ALTACARE CORPORATION 053100300 009062579442 5895 WINDWARD PKWY STE	200	2,656.98-	28,324.42
ALPHARETTA GA 30005 FIRST CITZ RALEIGH REF: REIMBURSE - (NOV13 INTERDEV SVC 20150225 000004 2/25 Wire Transfer Debit PLATINUM CARE INC 021407912 7017208106 240 52ND ST BROOKLYN NY 11220 CAPITAL ONE BANK REF: ST FRANCIS	-JAN15)	8,566.56~	19,757.86
20150225 000004 2/25 Transf to PAYROLL		12,000.00-	7,757.86
Confirmation number 22	5150025	12,000.00	7,757.00
2/26 Medicaid State of Wisc		28,493.51	36,251.37
HP SUPERIOR INC DBA 31664501Y TRN*1*500739793*1396006 2/26 Wire Transfer Debit HP SUPERIOR INC 071025661	469	7,500.00-	28,751.37
4814771029 ST FRANCIS IN THE PARK (1800 NEW YORK AVE SUPERIOR WI BMO HARRIS 20150226 000004 2/27 HCCLAIMPMT NATIONAL GOVERNM HP SUPERIOR INC 525397 TRN*1*EFT5301471*135184(0006001~		13,145.43	41,896.80
Date Check No An	IN CHECK NUMBER Onount Date C 3,995.76 2/05	RDER heck No 16*	Amount 1,130.00

Date 2/27/15 Page 5 Primary Account @XXXXXXXXXX04290 Enclosures 2

BUSINESS CKING-RDC

@XXXXXXXXXX@4290 (Continued)

		* * * D	AILY BALANCE INFORMA	ATION * * *	
Date	Balance	Date	Balance	Date	Balance
2/02	23,124.25	2/11	1,685.36	2/23	54,977.16
2/03	4,800.14	2/12	25,018.83	2/24	30,981.40
2/04	6,244.92	2/13	2,020,59	2/25	7,757.86
2/05	37,911.93	2/19	17,024.40	2/26	28,751.37
2/06	12,901.93	2/20	524.40	2/27	41,896.80

SUPERIOR, INC. (185) OPERATING BANK RECONCILIATION (185) 1-0000-1000004

February 28, 2015

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4290)

BEGINNING GL BALANCE	Per Bank	Per Books (55,255.51)
ENDING BANK BALANCE	41,896.80	(**
FACILITY DEPOSITS		170,356.66
WIRE TRANSFERS IN - FROM # WIRE TRANSFERS IN - FROM #		*
WIRE TRANSFERS OUT - TO #1029 WIRE TRANSFERS OUT - TO #4308		(52,500.00) (28,500.00)
AP CHECKS ISSUED (NET OF VOIDS) - MAS500 AP CHECKS ISSUED (NET OF VOIDS) - MAS500		65,707.93 (91,984.28)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(2,237.82)	
ANALYSIS CHARGE NSF/OVERDRAFT FEES WIRE FEES		(267.46) (50.00)
CASHIER CHECK FEES		(6.00)
VOID CHECKS: Check #282 dated 10/03/13 to Aramark Check #324 dated 11/12/13 to LTC Services		5,612.28 2,524.20
MISCELLANEOUS ITEMS: 12/03/14 ACH to US Foods keyed by AP in February 12/10/14 ACH to US Foods keyed by AP in February 12/17/14 ACH to US Foods keyed by AP in February 12/24/14 ACH to US Foods keyed by AP in February 12/31/14 ACH to US Foods keyed by AP in February 01/07/15 ACH to US Foods keyed by AP in February 01/14/15 ACH to US Foods keyed by AP in February 02/02/15 Bank Fee for Remote Deposit Machine 02/05/15 Payment (ck#16) 02/13/15 Wire to Carl Ratcliffe		4,852.81 4,297.59 4,065.04 3,773.21 3,239.72 4,787.28 2,985.51 (50.00) (1,130.00) (2,800.00)
Difference between Bank and Books	39,658.98	39,658.98

Prepared by: _____ Approved by: _____ 4/15/2015

SUPERIOR, INC. (185) OUTSTANDING CHECKS February 28, 2015 NATIONAL BANK OF COMMERCE (ENDING 4290)

TOTAL OUTSTAI	NDING CHECK	S>	2,237,82
CHECK#	DATE	PAYEE	AMOUNT
100009	02/27/15	Altacare Corporation	2,237.82 End

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of	Debtor: <u>H</u>	P/Superior, Inc.	Case Number:	14-71797
Reportin	g Period beg	inning <u>2/1/15</u>	Period ending	2/28/15
NAME	OF BANK:	National Bank of Com	nmerce BRANCH:	H
ACCOU	NT NAME:	HP/Superior, Inc.		er engliserri ettimin er engliserc
ACCOU	NT NUMBE	R: <u>xxxxxx4290</u>		
PURPOS	SE OF ACCC	OPER	ATING	
alternativ	ve, a compute		ds, lost checks, stop paymester can be attached to this	
DATE See Atta	CHECK NUMBER Iched	PAYEE	<u>PURPOSE</u>	<u>AMOUNT</u>
	36.5			
	######################################			
		10111111111111111111111111111111111111	61-III	
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	N		A	
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301111003T			•	
TOTAL				\$

Accounts Payable Vendor Payment Activity-Summary

HP/Superior-DIP

Tran No	Batch	Tran Date	Vend		Fran Amt HC
0000023507	APMC-0000032	2/24/2015	104	Superior Water & Light & Power Co.	
63000100009	APSC-0000033	2/27/2015		AltaCare Composition	23.989.76
20012101		1 2 10	_	AltaLare Corporation	2,237.82
7777121014	APMC-0000033	2/28/2015	2	U.S. Foodservice	4 797 50
9991717141	A D) (C) DODOO? (4.277.29
7121/645	APMC-0000034	2/28/2015	2	U.S. Foodservice	4.065.04
9999122414	APMC-0000035	2/28/2015	2	U.S. Foodservice	3.773.21
9999123114	APMC-0000036	2/28/2015	2	U.S. Foodservice	3.239.72
9990107151	APMC-0000039	2/28/2015	2	U.S. Foodservice	
20111111					4.787.28
9990(14)51	APMC-0000040	2/28/2015	2	U.S. Foodservice	2.985.51
0999021115	APMC-0000044	2/11/2015	12	Aramark Uniform Services	
00001717)				/ 5.607-11
0999021315	APMC-0000045	2/13/2015	∞	Acgis Therapies	20.178.24
0999022515	APMC-0000052	2/25/2015	81	Distinguish Care	
			ç	rizondan Care	8.566.56
9990225151	APMC-0000053	2/25/2015	-	AltaCare Corporation	2.656.98
			Repo	Report Total:	91,984,28

Run Date:
Business Date:

3/17/2015 3/17/2015

9:55:06 AM

Accounts Payable Vendor Payment Activity-Summary

HP/Superior, Inc.

Tran No	Batch	Tran Date	Vend		Tran Amt HC
0000022615	APMC-0000279	2/26/2015	216	SFM	
9991203141	APMC-0000280	2/28/2015	2	U.S. Foodservice	4 8 C 2 8 1
0000060204	APMC-0000281	2/28/2015	157	Amara Healthcorn	
		2128/2015	157	Amara Healthcare	(41.000.00) Reversal
0000060245	APMC-0000282	2/28/2015	80	Pathways To Achievement Inc.	(393.00) Reversal
0000060271	APMC-0000283	2/28/2015	80	Pathways To Achievement Inc.	(321.50) Reversal
51000000000	APMC-0000284	2/28/2015	34	De Lage Landen Financial Services, Inc.	(839.99) Reversal
9100000000	APMC-0000285	2/28/2015	48	Home Medical Products & Svcs	(1.130.00) Reversal
71000000000	APMC-0000286	2/28/2015	Uı	Briggs	(192 <i>.</i> 77) Reversal
0000000035	APMC-0000287	2/28/2015	12	Aramark Uniform Services	(8,433,48) Roversal
0000000036	APMC-0000288	2/28/2015	157	Amara Healthcare	(18.250.00) Reversal
0000022815	APMC-0000289	2/28/2015	127	WI Dept of Justice	0.00
			Repo	Report Total:	(55,707,53)

Run Date: Business Date:

3/11/2015 3/11/2015

9:20:53 AM

ATTACHMENT 4A-2

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of I	Debtor: HP/Supe	erior, Inc.	Case Nu	ımber:	14-71797
Reporting	, Period beginning	2/1/15	Period	ending	2/28/15
standard by other than the United	pank reconciliation the three required I States Trustee pri	form can be found a by the United States	at http://www.usdoj.ga s Trustee Program are counts. Additionally,	necessa	Summary of Bank Activity. A 1/reg_info.htm. If bank accounts ry, permission must be obtained from ess than the three required bank
NAME O	FBANK: <u>BMO</u>	Harris Bank	BRANCH; _	****	
ACCOUN	T NAME: <u>H</u>	P/Superior, Inc.	ACCOUNT N	NUMBE	R;xxxxxx1029
PURPOSI	E OF ACCOUNT	OPERATIN	NG		
); N N		of Outstanding Depo nt of Outstanding Ch rges	osits ecks and other debits	\$ \$ (\$47 \$	***(a)
*Debit ca	rds are used by	N/A			
**If Closi	ing Balance is neg	ative, provide expla	nnation: Transfer w	ill be ma	nde the first of March
			ch (do not includes ite authorized by United Purpose		orted as Petty Cash on Attachment Trustee) Reason for Cash Disbursement
		(4-			trot S. Is the convention of the convention of the
"fotal An	nount of Outstandi \$	ng Checks and other 52,500.00 1,570.01_	DEBTOR IN POSS debits", listed above, Transfer in from Ope Transfer in from Payi Transfer in from Tax	, include rating # roll #109	s: 4290
	nount of Outstandi \$ \$ \$ \$ \$ \$ \$	ng Checks and other 52,500.00 1,570.01 559.46 (12,378.27) (2,500.00) (500.00)	debits", listed above, Transfer in from Ope Transfer in from Payi Transfer in from Tax Transferred to Payro Transfer to Payroll # Transfer to Tax #103	, include trating # roll #109 #1037 II #4308 1096	s: 14290 06

"Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215) OPERATING BANK RECONCILIATION (215) 1-0000-1000004

February 28, 2015
HARRIS BANK (Bank Account Number Ending 1029)

	Per Bank	Per Books
BEGINNING GL BALANCE ENDING BANK BALANCE	26,150.86	(19,321.36)
FACILITY DEPOSITS FACILITY DEPOSITS		32,552.66 3,515.09
EARNED INTEREST		0.43
WIRE TRANSFERS IN - FROM # 4290 WIRE TRANSFERS IN - FROM #1096 WIRE TRANSFERS IN - FROM #1037 WIRE TRANSFERS OUT - TO #4308 WIRE TRANSFERS OUT - TO #1096 WIRE TRANSFERS OUT - TO #1037		52,500.00 1,570.01 559.46 (12,378.27) (2,500.00) (500.00)
AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(80,914.06)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(47,333.67)	
ANALYSIS CHARGE NSF/OVERDRAFT FEES WIRE FEES CASHIER CHECK FEES		(70.00)
MISCELLANEOUS ITEMS: 01/21/15 ACH to US Foods keyed by AP in February		3,803.23
	(21,182.81)	(21,182.81)
Difference between Bank and Books		· · · · · · · · · · · · · · · · · · ·

SUPERIOR, INC. (215) OUTSTANDING CHECKS February 28, 2015

HARRIS BANK (Bank Account Number Ending 1029)

TOTAL OUTSTA	INDING CHECK	S>	47,333.67
CHECK#	DATE	PAYEE	AMOUNT
5023	01/29/15	AltaCare Corporation	10,050.96
5036	02/13/15	Jean Graskey	29.33
5044	02/13/15	Johnson Control	585.26
5045	02/13/15	LB Medwaste Services	97.00
5046	02/13/15	Appliance Repair Service	220.40
5047	02/13/15	SMDC Clinical Lab - (Essentia Health)	217.99
5048	02/13/15	Home Medical Products & Svcs	166,40
5049	02/13/15	Otis Elevator Company	3,502,11
5050	02/13/15	Plunkett's Pest Control	61.62
5051	02/13/15	Professional Portable X-Ray, Inc.	197.00
5053	02/20/15	St. Luke's Hospital	13.61
5054	02/20/15	Superior-Douglas County Chamber of Comme	250.00
5055	02/20/15	Charter Communications	691.78
5056	02/20/15	annLeo, Inc.	4,294.13
5057	02/20/15	Sea Isle Corporation	171.94
5058	02/20/15	De Lage Landen Financial Services, Inc.	801.08
5059	02/20/15	Briggs	332.92
5060	02/20/15	Gary Peterson, M.D.	1,500.00
5061	02/20/15	Waste Management of WI-MN	1,114.58
5063	02/24/15	Superior Water & Light & Power Co.	23,035,56
		-	End

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033

214176

ACCOUNT NUMBER:

1029

3

Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

1 OF

01 09196

HP/SUPERIOR, INC.
DBA ST FRANCIS IN THE PARK
OPERATING ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

0000

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Feb 04

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

BUSINESS ADVANTAGE CKG HP/SUPERIOR, INC. ACCOUNT NUMBER 1029 (Checking) Interest Paid YTD . 54 DEPOSIT ACCOUNT SUMMARY Previous Balance as of January 31, 2015 14,447.46 10 Deposits (Plus) 138,676.74 42 Withdrawals (Minus) 126,973.77 Interest Paid (Plus) Ending Balance as of February 28, 2015 26,150.86 Deposits and Other Credits Description INCOMING WIRE FED WIRE TRANSFER CREDIT 1502030WIRE-IN TELLER DEPOSIT Date Amount Feb 03 20,000.00 29,082.66 Feb 12 CUST SRV PHONE TRAN CR CUST SRV PHONE TRAN CR RETURNED CHECK NSF 559.46 Feb 20 Feb 20 1,570.01 Feb 23 --23-,989.76 5042 INCOMING WIRE FED WIRE TRANSFER CREDIT 1502230WIRE-IN Feb 23 25,000.00 INCOMING WIRE FED WIRE TRANSFER CREDIT 1502260WIRE-IN Feb 26 3,515.09 INCOMING WIRE Feb 26 7,500.00 FED WIRE TRANSFER CREDIT 1502260WIRE-IN Feb 26 -23-989.76 RETURNED CHECK NSF Feb 27 3,470.00 TELLER DEPOSIT INTEREST PAID Withdrawals and Other Debits Date Amount Description Feb 04 PC TRANSFER DEBIT ACH DEBIT 500.00

CTX US FOODSERVICE

VENDOR PAY

3,077.52

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033

214177

ACCOUNT

NUMBER:

1029

01 09196

HP/SUPERIOR, INC.

Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

2 OF

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Feb	11	3,755.53	ACH DEBIT		11/00 1100	IDAD DAV			
Feb	13	11,263.18	CTX US F	WIRE TH	RANSFER	NDOR PAY			
Feb	18	3,630.10	FED WIRE			150213011058			
Feb	20	12,378.27	CTX US FO	WIRE TE	RANSFER	IDOR PAY			
Feb			FED WIRE			150220014669			
Feb		2,000.00	PC TRANSF	ER DEB	T				
Feb		500.00	TELPHONE '		er dr				
Feb	25		ACH DEBIT						
Feb	26		CTX US FO	OODSERV	ICE VEN	IDOR PAY			
	by Serial Num								
Date			Amoun		Date	Serial #		Amount	
Feb		011	1,626.43		Feb 17	5030		110.32	
Feb Feb		012	90.0		Feb 26	5031		5.18	
Feb		013 014	490.9		Feb 13	5032	_	773.99	
Feb		014	398.13 144.00		Feb 13	5033		.,764.85	
Feb		017 *	691.79		Feb 13 Feb 13	5034		,118.92	
Feb		018	3,737.26		Feb 24	5035 5037 *	3	,000.00	
Feb		019	1,651.6		Feb 23	5037 ^		28.52	
Feb		020	2,586.3		Feb 23	5039		.,356.59 .,156.83	
Feb		021	1,151.4		Feb 23	5040		, 223.31	
Feb		024 *	4,578.10		Feb 26	5041	.1.	12,36	
Feb		025	80.75		Feb 20	5042	~9~	7989:76	
Feb		026	490.98		Feb 25	5042		7989~7.6	
Feb	02 5	027	3,000.00		Feb 27	5043		,550.54	
Feb		028	3,000.00		Feb 27	5052 *	ī	,140.91	
Feb	18 5	029	564.09	5				,	
* In	dicates break	in check se	quence						
Daily B	alance Summar	v							
Date		Balance	Γ	Date		Balance			
Jan	31	14,447.46		eb 17		14,447.95			
Feb		4,977.84		eb 18		10,253.80			
Feb		18,112.08	F	eb 20		23,984.76-			
Feb		14,453.81	F	reb 23		21,233.27			
Feb		12,802.14		eb 24		19,204.75			
Feb		8,134.04		eb 25		9,580.43-			
Feb :		4,378.51		eb 26		25,371.88			
Feb :		33,461.17	F	eb 27		26,150.86			
Feb :	1.3	15,540.23							

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033 214177

ACCOUNT NUMBER:

1029

Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

3 OF

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01 09196

HP/SUPERIOR, INC.

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Statement Period Rates Effective Feb 01, 2015 ----- Balance -----Rate 4,999 9,999 24,999 49,999 99,999 249,999 999,999 0.010 % 0.010 % 0.050 % ZERO ZERO 5,000 10,000 25,000 50,000 100,000 250,000 1,000,000 to to to 0.050 % 0.100 % 0.100 % to to to to 9,999,999 to 0.100 % to 0.100 %

ATTACHMENT 5A-2

CHECK REGISTER - OPERATING ACCOUNT

Name o	f Debtor: <u>H</u>	P/Superior, Inc.	Case Number:	14-71797
Reportir	ng Period beg	ginning <u>2/1/15</u>	Period ending	2/28/15
NAME	OF BANK:	BMO Harris Bank	BRANCH:	Access Comments
ACCOU	INT NAME:	HP/Superior, Inc.		
ACCOU	INT NUMBE	ER: _xxxxxx1029		
PURPO	SE OF ACCO	DUNT: OPER	ATING	
alternati	ve, a comput		ids, lost checks, stop paym ster can be attached to this	
DATE See Att	CHECK NUMBER ached	PAYEE	PURPOSE	AMOUNT
	-	Veg encountry		
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a difficulty mid		Assessment and the second	**************************************	3
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TOTAL				\$

Accounts Payable
Vendor Payment Activity-Summary

				2000	Direct Potent
			12:01:24 PM	3/11/2015	Run Date:
1.140.91	Waste Management of WI-MN	Wa	2/13/2015	APSC-0000029	0000005052
1.550.54	Telephone Associates	811	2/13/2015	APSC-0000029	0000005043
97.00	LB Medwaste Services	160	2/13/2015	APSC-0000029	00000005045
3.502.11	Otis Elevator Company	74	2/13/2015	APSC-0000029	0000005049
585.26	Johnson Control	154	2/13/2015	APSC-0000029	0000005044
23.989.76 Reversed x	Superior Water & Light & Power Co.	104	2/13/2015	APSC-0000029	0000005042
12.36	Brenda Dolsen	205	2/13/2015	APSC-0000028	1405000000
1.223.31	Petty Cash	7	2/13/2015	APSC-0000026	0000005040
1.156.83	Petty Cash	7	2/13/2015	APSC-0000026	0000005039
1.356.59	Petty Cash	~1	2/13/2015	APSC-0000026	85050000000
28.52	Katrina Warner	208	2/13/2015	APSC-0000026	// 505000000000000000000000000000000000
29.33	Jean Graskey	207	2/13/2015	APSC-0000026	
3.000.00	Five Rivers Management, LLC	44	2/12/2015	APSC-0000025	
110.32	Jennifer Rose	168	2/6/2015	APSC-9000024	000000000000000000000000000000000000000
1.118.92	Petty Cash	7	2/6/2015	APSC-0000024	000000000000000000000000000000000000000
1.764.85	Petty Cash	7	2/6/2015	APSC-0000024	000000000000000000000000000000000000000
773.99	Petty Cash	7	2/6/2015	APSC-0000024	0000005032
5.18	Brenda Dolsen	205	2/6/2015	APSC-0000024	00000005031
564.05	Briggs	G	2/6/2015	APSC-0000023	0000005029
Tran Amt HC		vend	ייים הסום		

HP/Superior-DIP

Accounts Payable Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend		Tran Amt HO
0000005048	APSC-0000029	2/13/2015	48	Home Medical Products & Svcs	166.40
0000005050	APSC-0000029	2/13/2015	78	Plunkett's Pest Control	61 62
0000005051	APSC-0000029	2/13/2015	86	Professional Portable X-Ray, Inc.	197.00
0000005047	APSC-0000029	2/13/2015	38	SMDC Clinical Lab - (Essentia Health)	217.99
0000005046	APSC-0000029	2/13/2015	31	Appliance Repair Service	220,40
9990204152	APMC-0000029	2/4/2015	2	U.S. Foodservice	3.077 52
0000005054	APSC-0000030	2/20/2015	155	Superior-Dauglas County Chamber of Commo	250 00
0000005057	APSC-0000030	2/20/2015	W	Sea Isle Corporation	17! 94
0000005059	APSC-0000030	2/20/2015	Ui	Briggs	33 <u>2.</u> 92
0000005055	APSC-0000030	2/20/2015	22	Charter Communications	691.78
0000005058	APSC-0000030	2/20/2015	34	De Lage Landen Financial Services, Inc.	801.08
0000005060	APSC-0000030	2/20/2015	89	Gary Peterson, M.D.	1.500.00
0000005053	APSC-0000030	2/20/2015	011	St. Luke's Hospital	[3.6]
00000005061	APSC-0000030	2/20/2015	Wa	Waste Management of WI-MN	1.114.58
0000005056	APSC-0000030	2/20/2015	27	annteo, Inc.	4.294.13
0999022515	APMC-0000030	2/25/2015	2	U.S. Foodservice	4.087.19 Reversed
0000005063	APSC-0000032	2/24/2015	104	Superior Water & Light & Power Co.	23.035.56
0000005042	APMC-0000031	2/27/2015	104	Superior Water & Light & Power Co.	(23.989.76) Reversal K
9990121151	APMC-00/)0038	2/28/2015	2	U.S. Foodservice	3.803.23
Run Date:	3/11/2015	12:01:24 PM			

Business Date:

3/11/2015

Accounts Payable Vendor Payment Activity-Summary

80,914.06	t Total:	Report Total:			
4.295.42	U.S. Foodservice	12	2/25/2015	APMC-0000047	9990225151
(4.087.19) Reversal	U.S. Foodservice	2	2/25/2015	APMC-0000046	0999022515
11.263.18	Aramark Uniform Services	12	2/13/2015	APMC-0000043	0999021315
3,630.10	U.S. Foodservice	22	2/18/2015	APMC-0000042	0999021815
3.755.53	U.S. Foodservice	2	2/11/2015	APMC-0000041	0999021115
Tran Amt HC		Vend	Tran Date	Batch	ITAN NO

Page 3

Run Date: Business Date:

3/11/2015 3/11/2015

12:01:24 PM

HP/Superior-DIP

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name o	f Debtor:H	P/Superior, Inc	c. Case Nu	ımber: 🏻	14-71797	
Reporti	ng Period begin	ning <u>2/1/15</u>	Period o	ending_	2/28/15	
			statement and bank reconcilians an be found at http://www.usa.nube.com			
NAME	OF BANK:N	lational Bank	of Commerce BRANCH:			
	INT NAME:I SE OF ACCOU			NUMBE	R: <u>xxxxxx4308</u>	
		nount of Outst Amount of Ou e Charges	anding Deposits tstanding Checks and other de	\$ \$ \$ \$ \$ \$ \$ \$	8,625.39 (6,805.28)	* **(a)
	J	•		Ψ	1,020.11	(4)
**If Clo		negative, pr	ovide explanation:id by Cash: (WINDOWS	nuthorized
Date	Amount	Payee	Purpose Ro	eason fo	r Cash Disbursemen	t
		all diahungan	ents were made from this acco	uent:		
Date	Amount	Payee	Purpose Re		r disbursement from	this

⁽a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (185) PAYROLL BANK RECONCILIATION (185) 1-0000-1000005

February 28, 2015

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4308)

BEGINNING GL BALANCE ENDING BANK BALANCE FACILITY DEPOSITS	Per Bank 8,625.39	Per Books 340.33 4,165.66
WIRE TRANSFERS IN - COMMUNITY CARE - PREPAY		47,500.00
WIRE TRANSFERS IN - FROM #1029 WIRE TRANSFERS IN - FROM #4290 WIRE TRANSFERS OUT - TO #1096 WIRE TRANSFERS OUT -	ē	12,378.27 28,500.00 (25,000.00)
PAYROLL CHECKS 02/20/15 (#66000-66095) PAYROLL CHECKS 02/20/15 (Reverse Invalid Check #66095)		(69,932.93) 3,415.23
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(6,805.28)	
EFT TAX PAYMENT - IRS - xx/xx/xx EFT TAX PAYMENT - IRS - xx/xx/xx		(#) (#)
EFT TAX PAYMENT - STATE - xx/xx/xx EFT TAX PAYMENT - STATE - xx/xx/xx		: ::
PROLIANT AP PAYMENT - xx/xx/xx PROLIANT AP PAYMENT - 02/27/15		(228.75)
ANALYSIS CHARGE NSF/OVERDRAFT FEES WIRE FEES CASHIER CHECK FEES		(63.11)
VOIDED CHECKS		
MISCELLANEOUS ITEMS: Check #8676 dated 10/17/14		745.41
		¥
Difference between Bank and Books	1,820.11	1,820.11

Approved by

4/15/2015

Prepared by:

SUPERIOR, INC. (185) OUTSTANDING CHECKS February 28, 2015 NATIONAL BANK OF COMMERCE (ENDING 4308)

TOTAL OUTS	TANDING CHECKS		6,805.28
CHECK#	PAYEE	DATE	AMOUNT
5177	Guenard, Taylor	03/22/13	3.22
66000	Carlin, Tammi	02/20/15	38.79
66002	Edwards, Molly	02/20/15	457.09
66013	Schnepper, Dawn	02/20/15	1,943.24
66029	Hall, Angela	02/20/15	197.51
66051	Lundberg, Juliana	02/20/15	2,086.67
66057	Hokans, Kory	02/20/15	97.17
66077	Duffy, Thomas	02/20/15	939.48
66079	Jones, Vernon	02/20/15	317.66
66089	WI Council 40, Per Capita	02/20/15	724.45
			End

Date 2/27/15 Page 1
Primary Account @XXXXXXXXXXX04308
Enclosures 87

HP SUPERIOR INC ST FRANCIS IN THE PARK PAYROLL ACCOUNT 1800 NEW YORK AVE SUPERIOR WI 54880

BIG PLANS FOR 2015? Let us help you save money today. We have low interest rates to finance your summer plans. Make an appointment with a Banker and find out what's possible.

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC ST FRANCIS IN THE PARK PAYROLL ACCOUNT

PRIVACY NOTICE-Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at nbcbanking.com or we will mail you a free copy upon request if you call us at 715.394.5531.

BUSINESS CHECKING Account Number Previous Balance 5 Deposits/Credits 89 Checks/Debits SERVICE CHARGE Interest Paid Current Balance	@XXXXXXXX@4308 1,088.96 92,543.93 85,007.50 .00 .00 8,625.39	Number of Enclosures Statement Dates 2/02/15 thr Days in the statement period Average Ledger Average Collected	87 u 3/01/15 28 10,521.49 10,521.49
--	--	--	---

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$.00	\$90.00
Return item fees year to date	\$.00	\$.00

Date	2/27/15	Page	2
Prima	ry Account	@XXXXXXXXXXX043	08-
Enclo	sures		רם

BUSINESS CHECKING	@XXXXXXXXX@4308	(Continued)	
DESCRIPTIVE CREDITS AND DEBITS			
2/02 Analysis Service Charge 2/19 PD BILL GA0582 HP/SUPERI ST FRANCIS HOME IN THE GA0582		63.11- 228.75-	1,025.85 797.10
2/20 Wire Transfer Credit HP/SUPERIOR, INC. 1800) SUPERIOR, WI 54880 ST. FRANCIS IN THE PARK 20150220G10G750C006276 201502200MGFNP70002698 02201710FT03		12,378.27	13,175.37
2/20 Wire Transfer Credit COMMUNITY CARE CONNECTION SIN GEN ACCOUNT, ATTN: TAYLOR, 3349 CHURCH ST SERVENS POINT, WI 54481 ADVANCE PAYMENT FOR PAYMENT	Jason Ste 1	47,500.00	60,675.37
2/20 Trsf from OPERATING ACCT	N	16,500.00	77,175.37
Confirmation number 220 2/20 CHECKING DEPOSIT 2/20 Total of 24 Checks Presented 2/23 Total of 27 Checks Presented 2/23 Wire Transfer Debit HP SUPERIOR 071025661 4814771029 1800 NEW YORK AVE SUPERIOR WI 54880 BMO HARRIS	3	4,165.66 16,962.00- 18,226.89- 25,000.00-	81,341.03 64,379.03 46,152.14 21,152.14
20150223 000004 2/24 Total of 19 Checks Presented 2/25 Trsf from OPERATING ACCT Confirmation number 225		12,754.28- 12,000.00	8,397.86 20,397.86
2/25 Total of 10 Checks Presented 2/26 Total of 3 Checks Presented 2/27 Total of 3 Checks Presented		5,476.38~ 2,040.79~ 4,255.30~	14,921.48 12,880.69 8,625.39
Date Check No CHECKS 2/27 66001 * Denotes missing check numbers	IN CHECK NUMBER OF Ount Date Ch 602.70 2/23	RDER neck No 66003*	Amount 808.62

Date	2/27/15	Page	3
_Prima	ry-Account	@XXXXXXXXXXX043	08
Enclo	sures		87

BUSINESS CHECKING	@XXXXXXXXXX@4308 ((Continued)
	CHECKS IN CHECK NUMBER ORDER Amount Date Check 696.78 2/20 2,081.45 2/25 1,388.60 2/20 1,242.88 2/25 1,740.21 2/25 841.60 2/24 375.32 2/23 824.63 2/23 163.93 2/24 1,006.86 2/23 620.14 2/24 387.96 2/23 213.54 2/23 767.79 2/23 767.79 2/23 767.82 2/20 638.66 2/23 767.79 2/23 767.82 2/20 659.27 2/23 638.66 2/23 110.04 2/20 659.27 2/23 638.66 2/23 110.04 2/20 659.27 2/23 638.66 2/23 110.04 2/20 659.27 2/23 638.66 2/23 638.66 2/23 638.66 2/23 638.66 2/23 638.67 2/20 659.27 2/23 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/25 660.82 2/24 660.82 2/25	,

	2/27/15	Page	4
Primar	y Account	@XXXXXXXXXXXX@43	0.8
Enclos	ures		27

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

Date 2/02 2/19 2/20	Balance 1,025.85 797.10 64,379.03	* * * DAILY Date 2/23 2/24 2/25	F BALANCE INFORMA Balance 21,152.14 8,397.86 14,921.48	ATION * * * Date 2/26 2/27	Balance 12,880.69 8,625.39
------------------------------	--	---	--	-------------------------------------	----------------------------------

ATTACHMENT 5B CHECK REGISTER - PAYROLL ACCOUNT

Name of E	Debtor: H	P/Superior, Inc.	C	ase Number:	14-7179)7
Reporting	Period beg	inning <u>2/1/15</u>	P	eriod ending	2/28/15	
NAME OF	BANK:	National Bank of Com	imerce B	RANCH:		
ACCOUN	T NAME:	HP/Superior, Inc.				S
ACCOUN	T NUMBE	R:xxxx4308				
PURPOSE	OF ACCO	DUNT: PAYR	ROLL		· · · · · · · · · · · · · · · · · · ·	
alternative	, a compute	rsements, including voi er generated check regis d below is included.				
	HECK <u>UMBER</u> ched	PAYEE	<u>P</u>	URPOSE	FG-	AMOUNT
						150 (00 100 - 00 - 0100
						:=
				, , , , , , , , , , , , , , , , , , ,		
						2 4 - 111111111 - 2 - 2 - 2 - 11 -
	 /,			malas ves en) <u></u>
						0 1000 1000 000 1000 0 1
						20-0-1-1-1
() () () () () () () () () ()			7			
						() () () () () () () () () ()
		Hills III - II - II - II - II - II - II -				:3000-110-110-110-110-110-110-110-110-110
	11-1-11					
an-(6)1-16						
TOTAL						\$

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Check Regis	ster			ncis Home In The Park company (GA0582)	Check Date; Pay Period; Process;	02/20/2015 02/02/2015 to 02/1: 2015022001	Page 1
Bank Account	Transit Number 091800028	Bank t		OF COMMERCE,	Description	ARTED-2/17/15	17-11-1-11-11-11-11-11-11-11-11-11-11-11
Payroll Checks Check/Youcher	Check Type	Check Date	Payable to Id	Name	Net Ame	MIN This Does	Not Charle
00000		02/20/2015	903859	Cerlin Tammi	3.1	870 0.00	38.79
66001	J Reg	02/20/2015	062570	Dorf, Janelle	60.	2.70 0.00	602.70
66002 £ 66003 E	□ Reg □ Reg	02/20/2015	82444 027089	Edwards, Molly	451	7.09 0.00	457.09
66004 E	□ Reg	02/20/2015 02/20/2015	235000	High April		3.62 0.00 5.78 0.00	
66005 E		02/20/2015 02/20/2015	789981 199409 944582	Johnson, Karen	2.08	1.45 0:00	2,081.45
66007	Reg	02/20/2015	944582	Johnston, Hannah Kovach, Jessica	1,388 1,242	3.60 0.00 3.88 0.00	1,388.60 1,242.88
66008 E 66000 E		02/20/2015	923629	Prock, Kelly	1,740	0.00	1,740,21
66010 E		02/20/2015 02/20/2015	747018 999868	Ayers, Lauri Mobilia, Karin		.60 0.00 i.32 0.00	
66011 E) Reg	02/20/2015	066163	Radtke, Alecin	824	.63 0.00	375.32 824.63
66012 E 66013 E	I Кед I Кед	02/20/2015 02/20/2015 02/20/2015	703467 999870	Riddell-Wade, Mary Schnepper, Dawn	163	.93 0.00	163.93
66014 Ľ	J Reg	02/20/2015	846167	Swonger, 110	1,943 1,006	.24 0.00 .86 0.00	1,943.24 1,006.86
66015 C 66016 D	I	02/20/2015	846167 887403 841445	Anderson, Brenda	620	0.14 0.00	620.14
66017 €	l Reg	02/20/2015 02/20/2015	139922	Anderson, Tina Androski, Katie	924 387	.40 0.00 .96 0.00	924.40 387.96
66018		02/20/2015	139922 139922	Androski, Katie	213	.54 0.00	213.54
66019 E	I Reg I Reg	02/20/2015 02/20/2015	961250 115245	Ayers, Meagen Beckwell, Lily	767 767		767.79
66021 □	Reg	02/20/2015	864510	Birk, Randal	749		767.82 749.15
66022 E 66023 E		02/20/2015 02/20/2015	999875 920865	Bodendorfer, Alexandra	983	.45 0.00	983.45
66024 □	Reg	02/20/2015	139245	Chiles, Sarah Christman, Devon	638 110		638,66 110,04
66025 □ 66026 □		02/20/2015 02/20/2015	290506 925354 734876	D'Aurin, Kiley	659	.27 0.00	659.27
66027	l Reg l Reg	02/20/2015	925354 734876	Degraef, Elizabeth DeMoure, Brooke	1,195 396	.12 0.00 .82 0.00	1,195,12
66028 🖺	Reg	02/20/2015	22780	Espejo, Carolyn	463	.67 0.00	396.82 463.67
66029 ☐ 66030 ☐		02/20/2015 02/20/2015	848810 116920	Hall, Angela Houle, Marcia	197 660		197.51
66031	Reg	02/20/2015	983557	Howes, Kathlina	606	.62 0.00	660.82 606.62
66032 D 66033 D		02/20/2015	983557 677791 686608	Jillson, Laura	435	.97 0.00	435.97
66034 □		02/20/2015 02/20/2015	702301	Johnson, Joan Kidder, Rebecca	555 288		555,70
66035 □ 66036 □	Reg	02/20/2015	045093	Kirschhaum, Kristen	384	.74 0.00	288,26 384,74
66036 □ 66037 □	Reg Reg	02/20/2015 02/20/2015	154173 787262	Loughren, Samantha Neigebauer, Tara	677 1,278	.11 0.00 .30 0.00	677.11
66038 🗇	Reg	02/20/2015	922627	Outzen, Jennifer	592.	0.00	1,278,30 592,80
66039 □ 66040 □	Reg Reg	02/20/2015 02/20/2015	801276	Peterson, Shelley Marie Radtke, Kathleen	876. 706.		876,79
66041	Reg	02/20/2015	667800 393759 540652	Reed, Toni	802.		706.81 802.75
66042 🖸 66043 🗖	Reg Reg	02/20/2015 02/20/2015	540652	Ross, Murgaret	660.	15 0.00	660.15
66044	Reg	02/20/2015	085921 113942	Sanders, Courtney Schnautz, Amber	524. 676.	60 0.00 27 0.00	524.60 676.27
66045 □ 66046 □	Reg	02/20/2015	296045	Strandness, Kayla Vang, Jiyon	741.	16 0.00	741.16
66047 D	Reg Reg	02/20/2015 02/20/2015	393281 291643	Vang, Jiyon Vokelich, Sarah	429. 619.		429.25
66048	Reg	02/20/2015	945947	Winkler-Peterson, Angala	1.870	45 0.00	619.17 1.870.45
66049 🖂 66050 🖂	Reg Reg	02/20/2015 02/20/2015	372486 875489	Wise, Charity Verlooy, Laurie	89. 865.	86 0.00	89.86 865.17
66051	Reg	02/20/2015	024246	Lundberg, Juliana	2.086.	67 0.00	2,086.67
66052 D 66053 D	Reg Reg	02/20/2015 02/20/2015	861711 861711	Van Overmeiren, Melissa	1,468.	0.00	1,468.90
66054	Reg	02/20/2015	725053	Van Overmeiren, Melissa Broadwell, Catherine	373. 894.	20 0.00 89 0.00	373.20 894.89
66055 □ 66056 □	Reg Reg	02/20/2015	660670	Fitch, Christine	1,361.	80 0.00	1,361,80
66057 □	Reg	02/20/2015 02/20/2015	768955 235708	Aiken, Candy Hokans, Kory	533. 97.	11 0.00 17 0.00	533.11
66058 D 66059 D 66060 D	Reg	02/20/2015	904048	Jacobson, Sherry	1,256	0.00	97.17 1,256.91
66060 FI	Reg Reg	02/20/2015 02/20/2015	722914 068375	Johns, Barbara Kotz, Ashley	390. 617.	42 (),(0)	390.42
66061 LI	Reg	02/20/2015	923913	Sjogren, Daniel	355.		617.44 355.47
66062 □ 66063 □	Reg Reg	02/20/2015 02/20/2015	623137	Turnvall, Patricia	634.	12 0,00	634.12
66064 🗀	Reg	02/20/2015	947024 523171	Vnuk, Ross Wickland, Joanne	629. 868.:	0.00 21 0.00	629 07 868 21
66065 🗀	Reg	02/20/2015	623919	Brock, Wanda	834.5	0.00	834.92
66066 🗅 66067 🗅	Reg Reg	02/20/2015 02/20/2015	172188 920067	Carr, Amanda Coone, Steven	161.: 689.4	50 0.00 11 0.00	161.50
66067 D	Reg	02/20/2015	866817	Doolittle, Robin	202.1	79 ().()()	689.41 202.79
66069 LI	Reg Reg	02/20/2015 02/20/2015	152643 669468	Downs, Cody Graskey, Jean	133.0	0.00	133.09
66070 D 66071 D	Reg	02/20/2015	581015	Odell, Barbara	1,273.9 319.9)7 0.00)3 0.00	1,273,97
66072	Reg Reg	02/20/2015 02/20/2015	928543 902439	Suvyer, Donna	434.3	79 ().00	319.93 434.79
66074	Reg	02/20/2015	081820	Thompson, Tamara Warner, Katrina	208.5 1,044.9		208.57 1.044.95
					1 400 7 800	V.VV	COLLAPS 3

PROLIANT PHONE (770) 395-6615 FAX (770) 395-6617

Run Date: Run Time 1:38 PM

03/02/15

Account Check/Voncher

1308 66000 To 66074

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Check Regist	ler			is Home In The Park mpany (GA0582)	Check Date: Pay Period: Process:	02/20/2015 02/02/2015 2015022001		Page 015 2
Bank Account 4308	Transit Number 091800028	Bank t NAT		of COMMERCE,	Description CLIENT-ST	TARTED-2/I	7/15	War 25 chill thin merga
Check/Voucher	Check Type	Check Date	Payable to Id	Name			Dir Den	Net Check
66075	Reg	02/20/2015	999876	Abrahamzon, Travis		9.57	0.00	69.57
66076 ☐ 66077 ☐	Reg Reg	02/20/2015	999877	Cozzi, Terry		5.49	0.00	605.45
66078	Rog	02/20/2015	561027 172472	- Duffy, Thomas	93	9:48********* 4.56	0.00	939:48
66079	Reg	02/20/2015	807743	Jones, Vernon		7.66	0.00	174.56 317.66
66080	Reg	02/20/2015	999878	Rankin, Damen	37	7.38	0.00	377.38
66081 □ 66082 □	Reg Reg	02/20/2015	256743 470918	White, Patrick		6.73	0.00	516.73
66083	Ren	02/20/2015	483478	Anderson, Ian Christianson, Joan	1,87 1,09		0.00	1,571.15
66084	Reg	02/20/2015	847349	Dolsen, Brenda	78.	3.32	0.00 0.00	1,098.37 783.32
66085	Reg	02/20/2015	086992	Gervais, Destiny	1,18	2.51	0.00	1,182.51
66086 🗆 66087 🗅	Reg Reg	02/20/2015	761881 40859	Miner, Mary Rose, Jennifer		0.75	0.00	780.75
Totals for Payroll C		VZIZVIZVI 3	88 Items	rose, Jennier	1,919	*>:*:::::::::::::::::::::::::::::::::::	0.00	1,919.77
Phird Party and Mis			777 214 1110		111000	3.00		04,020,03
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Ame	mul	Dir Dep	Net Check
66088	Agency	02/20/2015	22	WI SCTF		5,46	0.00	
66089	Agency	02/20/2015	6	WI COUNCIL 40, PER CAPITA	724	1.45	0.00	126.46 724.45
66090	Agency	02/20/2015	X 1	HARTFORD LIFE	163	3.13	0.00	163.13
66091 🗇 66092 🗀	Agency Agency	02/20/2015 02/20/2015	ARAD CHoule	Range Credit Bureau Inc.		5,43	0.00	285.43
66093	Agency	02/20/2015	DOLB	WISCIF Range Credit Bureau Inc).28 5.65	0.00	90.28
66094	Agency	02/20/2015	THOMT	Minnesota Child Support Paymen		2.47	0.00	196.65 92,47
66095	Tax	02/20/2015	WI	THIS IS NOT A VALID CHECK	3,415		0.00	3,415,23
100996 🗀 100997 🗀	Tax Transfer	02/20/2015 02/19/2015	FITW	NATIONAL BANK OF COMME			,645.61	0.00
Totals for Third Pa			Billing	Proliant Atlanta		3.75	228.75	0.00
rodus for anning pip	rty and mise Che	cics	10 Items		24,968	6.46 [9	1,874,36	5,094.10
Totals for Accou	int 907106430	8	Check Ty	ne Count	Net Amo	unt	Dir Dep	Net Check
			Agency	7	1,678	.87	0.00	1,678.87
			Reg	88	64,838	.83	0.00	64,838.83
			Tax	2	23,060	.84 19	,645.61	3,415.23
			Transfer	1	228	.75	228.75	0.00
			Totals	98	89,807	.29 19	,874.36	69,932.93
Account Totals		- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	Account	Count	Net Amo	unt 1	Dir Dep	Net Check
		977-4-31	90710643	08 98	89,807	.29 19	874.36	69,932.93
			Totals	98	89,807	.29 19,	874.36	69,932,93

Filed 04/20/15 Entered 04/20/15 17:17:21 Case 14-71797-pwb Doc 86 Desc Main Page 42 of 73 Document

P.O. BOX 038997 TUSCALOOSA, AL 35403-8997 Complete Payment Recovery Services, Inc. 3500 5th Street

Northport, AL 35476

Office Hours: Monday through Thursday 8am to 7pm CT, Friday 8am to 5pm CT, and Saturday 8am to Noon CT

1-800-873-5869

MERCHANT: Wal-Mart 1447 MANAGER: 8676 CHECK DATE:

CHECK AMOUNT: \$745.41

CHECK FEE: \$25,00

TOTAL DUE: \$770.41

CONTROL NUMBER: 279803523



IN THE PARK ST FRANCIS HOME 1800 NEW YORK AVE SUPERIOR WI 54880-2008

Dear: In The Park St Francis Home

This is to inform you that company payroll check number 8676 in the amount of \$745.41 was returned unpaid and has been referred to Complete Payment Recovery Services, Inc. for collection.

Currently, this check is being reported in a national check verification database, as authorized by our client. Many merchants use check verification at the point of purchase before accepting your company's payroll check. Therefore, your check writing privileges may be denied until it is paid.

To resolve this matter, please contact our office at 1-800-873-5869. For your convenience we offer the following payment options: Check by phone, Western Union Quick Collect, MoneyGram, priority mail, and regular mail. Please ensure you have the control number listed on this document to help identify your

You may also pay online at www.paymentpost.com. This payment option is available 24 hours a day, 7 days a week. There is no additional charge for this service.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute the validity of this debt or any portion of it, this office will obtain verification of the debt or obtain a copy of a judgment and mall you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org.

paid out of pathy rash with morney

To receive proper credit on your account, return this portion with your payment in the enclosed envelope.

IN THE PARK ST FRANCIS HOME 1800 NEW YORK AVE **SUPERIOR WI 54880-2008**

DATE: 11/07/14

MERCHANY: Wal-Mart 1447

CHECK NUMBER: 8676 CHECK DATE: 10/17/14

CHECK AMOUNT: \$745.41 CHECK FEE: \$25.00

TOTAL DUE: \$770.41

CONTROL NUMBER: 279803523

1-800-873-5869

Infinitelialitation of the Harling Harling Harling Harling COMPLETE PAYMENT RECOVERY SERVICES, INC. P.O. BOX 30184 TAMPA, FL 33630-3184

ATTACHMENT 4B-2

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor	: HP/Superior, Inc.	Case Nu	mber:	14-71797	
Reporting Period	d beginning 2/1/15	Period e	nding	2/28/15	
Attach a copy of A standard bank	Current month bank state reconciliation form car	itement and bank reconciliation be found at http://www.usd	ion to this loj.gov/ust	Summary of Ban /r21/reg_info.htm	k Activity.
NAME OF BAN	K: <u>BMO Harris Ban</u>	k BRANCH:			
ACCOUNT NA PURPOSE OF A	ME: <u>HP/Superior, Inc</u> ACCOUNT: <u>P</u>	ACCOUNT N	IUMBER:	_xxxxxx1096	india (
Plus T Minus Minus	Balance per Bank Stater otal Amount of Outstar Total Amount of Outst Service Charges Balance per Check Reg	ding Deposits anding Checks and other deb	\$	1,245.47)	
*Debit cards m	ust not be issued on th	is account.			
**If Closing Ba made the first of		ide explanation: A transfe	er from O	perating Account	would be
		by Cash: (□ Check here i	f cash dist	oursements were a	uthorized
by United State	s Trustee)				
Date Amo	ount Payee	Purpose Re	ason for C	Cash Disbursemen	l
	Annual Section Section 1				
236 - 1115 2 - 15	water				
The following no		ts were made from this accou	unt:		
Date Amou	nt Payee		ason for d	isbursement from	this

⁽a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215) PAYROLL BANK RECONCILIATION (215) 1-0000-1000005

February 28, 2015
HARRIS BANK (Bank Account Number Ending 1096)

BEGINNING GL BALANCE ENDING BANK BALANCE		Per Bank 1,412.28	Per Books (681.60)
FACILITY DEPOSITS			43,135.47
EARNED INTEREST			0.51
WIRE TRANSFERS IN - FROM #4308 WIRE TRANSFERS IN - FROM #1096 WIRE TRANSFERS OUT - TO #1029 WIRE TRANSFERS OUT -			25,000.00 2,500.00 (1,570.01)
PAYROLL CHECKS 02/06/15 (#20095-20 PAYROLL CHECKS 02/06/15 (Reverse In PAYROLL CHECKS 02/xx/15			(71,097.74) 3,589.18
OUTSTANDING CHECKS (SCHEDULE A	TTACHED)	(1,245.47)	
EFT TAX PAYMENT - IRS - xx/xx/xx EFT TAX PAYMENT - IRS - xx/xx/xx			÷
EFT TAX PAYMENT - STATE - xx/xx/xx EFT TAX PAYMENT - STATE - xx/xx/xx			= =
PROLIANT AP PAYMENT - 02/04/15 (W2: PROLIANT AP PAYMENT - 02/05/15	s)		(449.50) (224.50)
ANALYSIS CHARGE NSF/OVERDRAFT FEES WIRE FEES CASHIER CHECK FEES			(35.00) - - -
VOIDED CHECKS			
MISCELLANEOUS ITEMS:			
Difference between Bank and Books		166.81	166.81
Prepared by:	Approved by:		4/6/2015

SUPERIOR, INC. (215) OUTSTANDING CHECKS February 28, 2015 HARRIS BANK (Bank Account Number Ending 1096)

TOTAL OUTSTANDING CHECKS>			1,245.47
CHECK#	PAYEE	DATE	AMOUNT
20100 20122	Johnson, Karen Hall, Angela	02/06/15 01/23/15	1,156.18 89.29 End

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094~4033 214182

ACCOUNT NUMBER:

1096

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Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

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HP/SUPERIOR, INC.
DBA ST FRANCIS IN THE PARK
PAYROLL ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

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Feb 02

20083 *

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS BUSINESS ADVANTAGE CKG HP/SUPERIOR, INC. ACCOUNT NUMBER 1096 (Checking) Interest Paid YTD .90 DEPOSIT ACCOUNT SUMMARY Previous Balance as of January 31, 2015 5,602.77 (Plus) 71,791.65 75,982.65 5 Deposits 99 Withdrawals (Minus) Interest Paid (Plus) Ending Balance as of February 28, 2015 1,412,28 Deposits and Other Credits Description TELLER DEPOSIT Date Amount Feb 05 43,135.47 INCOMING WIRE FED WIRE TRANSFER CREDIT 1502060WIRE-IN Feb 06 25,000.00 Feb 24 RETURNED CHECK NSF 1,156.18 20100 Feb 24 Feb 25 PC TRANSFER CREDIT CUST SRV PHONE TRAN CR INTEREST PAID 2,000.00 500.00 Feb 27 Withdrawals and Other Debits Description ACH DEBIT Date Amount Feb 04 449.50 GA0582 HP/SUPERI W2 BILL Feb 05 224.50 ACH DEBIT CCD GA0582 HP/SUPERI PD BILL Feb 20 1,570.01 TELPHONE TRANSFER DR Feb 24 35.00 NSF FEE Checks by Serial Number Date Serial # Amount Date Serial # Amount Feb 06 86.14 Feb 13 20089 * 774.43 Feb 09 20006 2,141.80 20095 * Feb 11 594.21 Feb 10 20030 * 250.86 Feb 09 774.50 20096 Feb 02 20080 * 1,526.53 20097 Feb 06 1,580.31

Feb 09

20098

1,129.03

1,504.61

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033

214183

ACCOUNT NUMBER:

1096

01 09196

HP/SUPERIOR, INC.

Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

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			and the same of th		
Date Feb 09 Feb 06 Feb 11 Feb 10 Feb 09 Feb 09 Feb 09 Feb 09 Feb 00 Feb 10 Feb 11 Feb 11 Feb 11 Feb 11	Serial # 20099 20100 20101 20102 20103 20104 20105 20106 20107 20118 20113 20114 20115 20116 20117 20118 20119 20120 20121 20123 20124 20125 20126 20127 20128 20126 20127 20128 20127 20128 20131 20132 20133 20134 20135 20136 20137	Amount 2,064.08 17156.18 1,053.53 2,084.85 648.54 418.25 127.75 574.74 325.20 1,722.25 1,466.50 805.54 714.59 299.41 753.62 750.43 743.04 942.11 568.90 643.43 1,263.20 609.62 862.36 749.58 230.87 526.01 772.32 261.09 192.70 718.81 1,297.80 294.75 476.94 804.07 662.39 622.76 630.31 103.93	Dat e 09 Feb 06 Feb 17 Feb 06 Feb 09 Feb 10 Feb 09 Feb 10	Serial # 201443 201444 201445 201446 201447 20148 20149 20150 20151 20152 20153 20154 20155 20156 20157 20158 20159 20160 20161 20162 20163 20164 20165 20166 20167 20168 20167 20168 20170 20171 20172 20173 20174 20175 20176 20177 20178 20179 20180	Amount 89.85 1,123.47 2,086.67 1,468.90 906.51 1,361.82 550.83 1,256.91 306.03 520.36 327.23 585.83 811.09 890.48 117.83 545.71 653.10 103.79 1,273.97 679.25 328.69 328.69 328.69 328.69 328.69 31,099.98 567.73 1,058.23 1,099.98 567.73 1,058.23 1,099.98 567.73 1,058.23 1,040 1,153.87 131.06 783.32 116.88 1,079.23 803.76 126.46
Feb 10	20136	630,31	Feb 09	20179	803.27 1,919.76

^{*} Indicates break in check sequence

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4 60094-4033

214183

ACCOUNT NUMBER:

1096

01 09196

HP/SUPERIOR, INC.

Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

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Daily Balance Date Jan 31 Feb 02 Feb 04 Feb 05 Feb 06 Feb 09 Feb 10 Feb 11	Summary Balance 5,602.77 2,571.63 2,122.13 45,033.10 50,533.56 21,237.82 12,958.40 9,324.17	Date Feb 13 Feb 17 Feb 19 Feb 20 Feb 23 Feb 24 Feb 25 Feb 26		Balance 6,655.86 4,376.49 1,575.00 1,151.18- 1,970.00 2,470.00		
Feb 12	8,975.47	Feb 27		1,411.77 1,412.28		
Statement Peri	od Rates			2,242,20		
Effective	Feb 01, 2015	Bal	ance		Rate	
		ZERO	to	4,999	0.010	8
		5,000	to	9,999		8
		10,000	to	24,999		8
		25,000	to	49,999		8
		50,000	to	,99,999		&
		100,000	to	249,999		8
		250,000 1,000,000	to	999,999		85
		10,000,000	to to	9,999,999 99,999,999,999	0.100 0.100	

ATTACHMENT 5B-2 CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor:	IP/Superior, Inc.	Case Number:14-71	797
Reporting Period beg	ginning <u>2/1/15</u>	Period ending 2/28/15	·
NAME OF BANK:	BMO Harris Bank	BRANCH:	
ACCOUNT NAME:	HP/Superior, Inc.		
ACCOUNT NUMBI	ER: <u>xxxxx1096</u>		
PURPOSE OF ACC	OUNT:PAYR	ROLL	3
Account for all disbu	rsements, including vo er generated check regi	ids, lost payments, stop payment, e ster can be attached to this report,	etc. In the
CHECK DATE NUMBER See Attached	PAYEE	PURPOSE	AMOUNT

	×		
		Pill III III III III III III III III III	
			(One official
SHEROCOCC SHIPSHER E-HE-C	**************************************		
		7	
<u> </u>			A
	H-17 - HILL HILL HE - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		7,634
			
			-
		The second secon	
* H-11	West of the second seco		
TOTAL			\$

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Check Register				is Home In The Park opany (GA0582)	Check Date: 02/06/2015 Pag Pay Period: 01/19/2015 to 02/01/2015 Process: 2015020601			
	Transit Number 071025661	Bank Name BMO Harris	s Bank,		Description Ctient-ENDI	ED-1/21/2015		***************************************
Payroll Checks Check/Voucher Cl	heck Tyne Che	ck DatePav	able to ld	Name	Net Am	ount	Dir Den	Nat Check
Check/Yougher	世界	16/2015 16/	296045 393281 291643 945947 372486 875489 024246 861711 725053 660670 768955 904048 722914 068375 923913 623137 947024 523171 623919 172188 920067 866817 152643 669468 581015 928543 902439 9081820 999876	Name Dorf, Janelle Edwards, Molly Godbold, Jennifer Hieb, April Johnson, Karen Johnston, Hannah Kovach, Jessica Prock, Kelly Prock, Kelly Ayers, Lauri Mobilia, Karin Radtke, Alecia Riddell-Wade, Mary Schnepper, Dawn Swonger, Ilo Anderson, Brenda Anderson, Brenda Anderson, Tima Androski, Kutic Ayers, Mengen Beckwell, Lily Birk, Randal Bodendorfer, Alexandra Chiles, Sarah D'Auria, Kilev Degrnef, Elizabeth DeMoure, Brooke Espejo, Carolyn Hall, Angela Houle, Marcia Howes, Kathlina Jillson, Laura Johnson, Joan Kidder, Rebecea Kozak, Casey Loughren, Samantha Neigebauer, Tara Outzen, Jennifer Peterson, Shelley Marie Radtke, Kathleen Reed, Toni Ross, Margaret Sanders, Courtney Sather, Haley Schnautz, Amber Strandness, Kayla Vang, Jiyon Vukelich, Sarah Winkler-Peterson, Angala Wise, Charity Verlooy, Laurie Lundberg, Juliana Van Overmeiren, Melissa Broadwell, Catherine Fitch, Christine Aiken, Candy Jneobson, Sherry Johns, Barbara Kotz, Ashley Siogren, Daniel Turnvall, Patricia Vauk, Ross Wicklund, Joanne Brock, Wanda Carr, Ammada Coone, Steven Doolittle, Robin Downs, Coder Goraskey, Jeba Gorask	59. 77. 1,580 1,12: 2,06- 1,15: 1,05: 2,08- 644 411 12: 57- 32: 1,72: 1,466 80: 71- 299 75: 75: 75: 75: 75: 75: 75: 75: 75: 75:	4.21 4.50 0.31 0.03 4.08 6.18 4.08 6.18	Dir IDen 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Net Check 594 21 774.50 1.580.31 1.129.03 2.064.08 1.156.18 1.053.53 2.084.85 648.54 418.25 127.75 574.74 325.20 1,722.25 1,466.50 805.54 714.59 299.41 753.62 750.43 743.04 942.11 568.90 643.43 1,263.20 669.62 862.36 89.29 749.58 230.87 526.01 772.32 261.09 192.70 718.81 1,294.80 622.76 630.31 1,263.90 622.76 630.31 625.50 637.30 625.76 630.31 637.30 625.76 630.31 637.30 625.76 630.31 637.30 657.23 585.83 81.09 89.85 1,23.47 2,086.67 1,468.90 906.51 1,52.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98 81.25.98

PROLIANT
PHONE: (770) 395-6615 FAX (770) 395-6617

Rnn Date: 03/02/15

Run Time: 1:39 PM

Account Check/Voucher 1096 20095 To 20169

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Check Register		10.500		is Home In The Park upany (GA0582)	Check Date: Pay Period: Process:	02/06/2015 01/19/2015 2015020601	o 02/01/201	Page 5 2
Dank Account 1096	Transit Number 071025661	Hank N BMC	_{tame}) Harris Bank,		Description Client-ENDI	ED-1/21/2015		
Check/Voucher	Check Type	Check Date	Payable to Id	Name	NetAm	ount 1	Dir Den	Net Check
20170	Reg	02/06/2015	999878	Rankin, Damen		6.56	0,00	376.56
20171		02/06/2015	256743	White, Patrick		3.04	0.00	663.0
20172 🗀 20173 🗀	Reg Reg	02/06/2015 02/06/2015	470918 483478	Anderson, lan	1,42		0.00	1,421.40
20174	Reg	02/06/2015	483478	Christianson, Joan Christianson, Joan	1,153	2.87 1.06	0.00	1.153.87
20175	Reg	02/06/2015	847349	Dolsen, Brenda		3.32	0.00	131406 783.32
20176	Reg	02/06/2015	847349	Dolsen, Brenda		5.88	0.00	116.88
20177	Reg	02/06/2015	086992	Gervais, Destiny	1,079	0.23	0.00	1.079.23
20178	Reg	02/06/2015	761881	Miner, Mary		3.27	0.00	803,27
20179 🗆	Reg	02/06/2015	40859	Rose, Jennifer	1,919	0.76	0.00	1,919.76
Totals for Payroll (85 Items		66,195	5.33		66,195,33
Phird Party and Mi								
Check/Voucher	Check Type	Check Date	Payable to [d]	Name	Net Anto	nort	Dir Dep	Net Check
20180	Agency	02/06/2015	22	WESCTF	120	5.46	0.00	126.46
20181	Agency	02/06/2015	6	WI COUNCIL 40, PER CAPITA		1,11	0.00	741.11
20182	Agency	02/06/2015	81	HARTFORD LIFE		5.54	0.00	156,54
20183 D 20184 D	Agency	02/06/2015	DOLB	Range Credit Bureau Inc		5.65	0.00	196.65
20185	Agency Tax	02/06/2015 02/06/2015	THOMT WI	Minnesota Child Support Paymen THIS IS NOT A VALID CHECK	3,589	2.47	0.00	92.47
100994	Tax	02/06/2015	FITW	BMO Harris Bank	2,200	7, LG 20.	0.00 236.16	3,589.18
100995	Transfer	02/05/2015	Billing	Proliant Atlanta	20,236 224	1.50	224.50	0.00 0.00
Totals for Third Pa	irty and Mise Cho	reks	8 Items		25,363		460.66	4,902.41
Totals for Acco	unt 481477109)6	Check Ty	pe Count	Net Amo	ount D	oir Dep	Net Check
			Agency	5	1,313	23	0.00	1,313,23
			Reg	85	66,195		0.00	66,195.33
			Tax	2	23,825		236.16	
			Transfer	2	23,623		230.10 224.50	3,589,18
							224.5D	0.00
			Totals	93	91,558	.40 20,	460.66	71,097,74
Account Totals			Account	Count	Net Amo	unt D	ir Dep	Net Check
			48147710	96 93	91,558		160.66	71.097.74
i 5					21,000		100:00	1 (1)97, 14

Account Check/Voucher

1096

20171 To 100995

Run Date:

Run Time:

03/02/15

1:39 PM

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: <u>HP/Superior, Inc.</u>	Case Number: <u>14-71797</u>
Reporting Period beginning 2/1/15	Period ending 2/28/15
Attach a copy of current month bank statement and bank reconc standard bank reconciliation form can be found on the United St http://www.usdoj.gov/ust/r21/index.htm.	
NAME OF BANK: BMO Harris Bank B	RANCH:
ACCOUNT NAME: HP/Superior, Inc. A	CCOUNT NUMBER: xxxxxxxx1037
PURPOSE OF ACCOUNT:TAX	
Ending Balance per Bank Statement Plus Total Amount of Outstanding Deposits Minus Total Amount of Oustanding Checks and other Minus Service Charges Ending Balance per Check Register *Debit cards must not be issued on this account. **If Closing Balance is negative, provide explanation:	\$ (3.00) **(a)
The following disbursements were paid by Cash: (Check h	
Date Amount Payee Purpose	rates Trustee) Reason for Cash Disbursement
The following non-tax disbursements were made from this account	
Date Amount Payee Purpose	

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215) TAX BANK RECONCILIATION (215) 1-0000-1000006

. February 28, 2015

HARRIS BANK (Bank Account Number Ending 1037)

BEGINNING GL BALANCE	Per Bank	Per Books 82.46
ENDING BANK BALANCE	(3.00)	32,70
FACILITY DEPOSITS		#
EARNED INTEREST		2
WIRE TRANSFERS IN - INTERCO WIRE TRANSFERS IN - FROM #1029 WIRE TRANSFERS OUT - TO # 1029 WIRE TRANSFERS OUT - TO #		500.00 (559.46)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	0.00	
EFT TAX PAYMENT - IRS - 02/xx/15 EFT TAX PAYMENT - IRS - 02/xx/15		-
EFT TAX PAYMENT - STATE (WI) - xx/xx/xx EFT TAX PAYMENT - STATE - xx/xx/xx		₹ 5
PROLIANT AP PAYMENT - xx/xx/xx PROLIANT AP PAYMENT - xx/xx/xx		-
ANALYSIS CHARGE NSF/OVERDRAFT FEES WIRE FEES CASHIER CHECK FEES		(8.00) **
VOIDED CHECKS		
MISCELLANEOUS ITEMS: 02/03/15 ACHs to WI Dept of Revenue (\$1/ea x 18)		(18.00)
Difference between Bank and Books	(3.00)	(3.00)

Prepared by: _____ Approved by: _____ 4/6/2015

SUPERIOR, INC. (215) OUTSTANDING CHECKS - TAX ACCT February 28, 2015 HARRIS BANK (Bank Account Number Ending 1037)

TOTAL OUTSTA	NDING CHECKS		
CHECK#	PAYEE	DATE	AMOUNT

None.

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094-4033 214178

ACCOUNT NUMBER:

1037

Statement Period 02/01/15 TO 02/28/15 ĬM0099002900000000

PAGE

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09196 01

HP/SUPERIOR, INC. DBA ST FRANCIS IN TH PARK TAX ACCOUNT

1800 NEW YORK AVE SUPERIOR WI 54880

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IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

ESSENTIAL BUSINESS CKG ACCOUNT NUMBER 1037 (Checking) HP/SUPERIOR, INC.

SERVICE CHARGE ANALYSIS

			Volume	Units	Amount
No		Maintenance Fee			8.00
Average Ledger Bal	332.34	Checks Paid	0		
Average Float	.00	Checks Deposited	0		
Average Coll Bal	332.34	Deposits ~	0		
		ACH Credits	0		
		ACH Debits	18		
		Total Transactions	18		
		Excessive Trans > 150 Total Service Charge	0	, 50	.00 8.00
					0.00

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of	January 31, 2015	82.46
1 Deposits	(Plus)	500.00
19 Withdrawals	(Minus)	577.46
Service Charge	(Minus)	8,00
Ending Balance as of	February 28, 2015	3.00-

Feb 04			PC TRANSFER	CREDIT
thdrawals Date	and	Other	Description	

Feb	03	1.00	ACH	DEBIT	
			CCD	WI DEPT REVENUE TAX	TUMKETX
Feb	03	1.00	ACH	DEBIT	
			CCD	WI DEPT REVENUE TAX	TUMYAGX
Feb	03	1.00	ACH	DEBIT	
			CCD	WI DEPT REVENUE TAX	TOMYAGX

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A part of BMO Financial Group

BMO HARRIS BANK N.A. P.O. BOX 94033 PALATINE, IL 60094~4033

214179

ACCOUNT NUMBER:

1037

01 09196

HP/SUPERIOR, INC.

0

Statement Period 02/01/15 TO 02/28/15 IM0099002900000000

PAGE

2 OF

2

		220.000	
Feb 03	1.00	ACH DEBIT	
Feb 03	1.00	CCD WI DEPT REVENUE ACH DEBIT	TAXPAYMNT
Feb 03	1,00	CCD WI DEPT REVENUE	TAXPAYMNT
Feb 03	1.00	CCD WI DEPT REVENUE ACH DEBIT	TAMYAGXAT
Feb 03	1.00	CCD WI DEPT REVENUE ACH DEBIT	TAXPAYMNT
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Feb 03	1.00	CCD WI DEPT REVENUE ACH DEBIT	TAXPAYMNT
Feb 03	1.00	CCD WI DEPT REVENUE ACH DEBIT	TAXPAYMNT
Feb 20	559.46	CCD WI DEPT REVENUE TELPHONE TRANSFER DR	TAXPAYMNT
Feb 27	8.00		
Daily Balance Summary Date	Balance	Date	Balance
Jan 31 Feb 03	82.46 64.46	Feb 20 Feb 27	5.00 3.00-
Feb 04	564.46		

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: <u>HP/Superior, Inc.</u>	Case Number: 14-71797
Reporting Period beginning 2/1/15	Period ending 2/28/15
NAME OF BANK: <u>BMO Harris Bar</u>	k BRANCH:
ACCOUNT NAME: <u>HP/Superior</u>	ACCOUNT # xxxxxxxx1037
PURPOSE OF ACCOUNT:	'AX
	ng voids, lost checks, stop payments, etc. In the c register can be attached to this report, provided all the d.
DATE NUMBER PAYEE	<u>PURPOSE</u> <u>AMOUNT</u>
6mm - 5 - 5	
TOTAL	
	MARY OF TAXES PAID
Payroll Taxes Paid Sales & Use Taxes Paid Other Taxes Paid TOTAL	

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 50).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable				Current
Instrument	Face Value	Purchase Price	Date of Purchase	Market Value
TOTAL				amman taring micros at the last man
	<u>PE</u> '	TTY CASH REPO	ORT	
The following Petty	Cash Drawers/Aco	counts are maintain	ed:	
	(Column 2)	(Column 3)	,	umn 4)
C	Maximum	Amount of P		between
Location of Box/Account	Amount of Cash in Drawer/Acct.		nd (Column 2) and onth (Column 3	8)
DOX/ACCOUNT	m Drawer/Acct.	At the or w	onth (Column 2	")
Business Office	\$4,500.00	\$4,500.00	0.00	
	Nemero T	THE STATE OF THE S		
TOTAL		\$ \$4,500.0	0(b)	
Ear any Potty Casl	n Dichursomants o	var \$100 par tran	saction, attach copies	e of receipts. If
		-	saction, attach copies	
TOTAL INVESTM	ARNIE ACCOUNT	e anin deterv	CASH(a + b) \$	((
TOTAL INVESTI	TENT ACCOUNT	SARDIEITIC	ASH(a + b)	

amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page

MOR-2, Line 7).

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FETTY CASH RECONCILIATION	FO	RM	ĺ
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Facility Number / Name St. Frances 215-PRY

Date 2/25/15

Vendor # _____

DATE G/L ACCT #	DESCRIPTION	AMOUNT	REC'VD BY
2/10/15 1-14/5-10/25		120.00	KH
2/16/15 1-14/5-6/2	1000	52.00	KH
216151-1415-625	810 Resident Transport	108.00	KH
2/16/15/1-14/5/6/25	810 Resident Transport	157,00	KH
224 5 1-1415-6125	810 Resident Transport	158.00	KH
224151-1415-6125	810 Resignt Lansport	201-00	KH
22412 1-1412-6122	810 Besident Transport	393.00	KH
224/15/1-14/5/6/25	810 Resident Transport	20800	RH
		ļ	
			<u></u>

RECAP

G/L ACCT #	AMOUNT		- 0
1-1415-6125810	1,397.00	* Total Amount Disbursed Cash in Transit	
water water and the same of th		Cash On Hand	3103.00
		Total	$\frac{4}{\text{MUST}} = 250
		*This must agree with attached v	vouchers/receipts: 4.50000
		Make Check Payable To	PETTY CASH

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: HP/Superior, Inc. Case Number:											
Reporting Period beginning <u>February 1, 2015</u> Period ending February 28, 2015											
TAXES OWED AND DUE											
Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.											
Name of Date Taxing Payment Authority Due		Description Amount		Date Last Tax Return Filed	Tax Return						
IRS	1/28/2015	Payroll	20,643.69	1/31/2015	1 st QTR 2015						
IRS	2/11/2015	Payroll	20,236.16	1/31/2015	1st QTR 2015						
IRS	2/25/2015	Payroll	19,645.61	1/31/2015	1 st QTR2015						
Wisconsin	1/2/2015	Payroll	4,413.91	1/31/2015	1 st QTR 2015						
Wisconsin	2/2/2015	Payroll	4,262.60	1/31/2015	1 st QTR 2015						

TOTAL

<u>Wisconsin</u> 2/16/2015

\$ 72,785.74

Payroll______3,583.77___ 1/31/2015

1st QTR 2015

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor:	HP/Superior,	Inc.	Case Numb	er: <u>14</u> -	71779	-
Reporting Period	peginning 2/1/1	5	Period ending	3 2/2	28/15	
car allowances, pa insurance premiun and for which deta	yments to retirer n payments, etc. niled receipts are	nent plans, loan re Do not include re maintained in the	epayments, payment imbursement for by accounting records Payment	s of Off isiness e	icer/Owner's xpenses Offic	ng the month. Include personal expenses, cer or Owner incurred
Name of Officer of	r Owner	<u>Title</u>	Description		<u>An</u>	nount Paid
None						
		PERSO	NNEL REPORT			OPPORTUNITION OF THE PARTY OF T
comprehensive, ve	ng the period d or resigned dur vees on payroll at insurance in effe hicle, health and	cet, including but r	FION OF INSURA not limited to worke report, attach a cop	ers' comp by of the	pensation, lial	bility, fire, theft, change occurs during
the month (new ca				ny pone;	y III witieli a t	change occurs during
Agent and/or Carrier	Phone Number	Policy Number	Coverage r Type		Expiration Date	Date Premium Due
See Attached						
The following lap:	se in insurance	coverage occurre	d this month:			
	Date .apsed	Date Reinstated	Reason for Lapse		······································	
						

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

ACORI	b .
THIS CERTIFIC	CATI
CERTIFICATE	DO

FRA-2	OP	ID:	KE

	ACORD' CER	ודי	FI	CATE OF LI	ΔRII	ITV II	Jenb	ANCE		OP ID: K
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Ha	amilton insurance Agency an J. Zuccarl, Inc.					e. Ext. 703-3	50-8100	FAX	700	359-8108
41	00 Monument Corner Dr. #500				E-MAII	kharnes	/@hamilton	insurance.com	: 103-,	159-8108
Fa	drfax, VA 22030 obert Schumann				ADDRI		-	Annual transfer of the second section of the section of the second section of the section of		T
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	St. Francis in the Park Hea	lth			MSUR					
	and Rehabilitation Center (Debtor in Possession)				INSUR	V-13-14				
1800 New York Avenue					INSUR					
Superior, WI 54880					INSUR					0
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	X Prof Liab Includ	1	į.	RETRO: 12/30/2014				MED EXP (Any one person)	\$	
		1				620		PERSONAL & ADV INJURY	\$	
	GENL AGGREGATE LIMIT APPLIES PER:		1			192	Į i	GENERAL AGGREGATE	\$	300,000
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-	AUTOMOBILE LIABILITY		-					COMBINEDENCIETRA	\$	
							1	COMBINED SINGLE LIMIT (En accident)	\$	5
	ANY AUTO ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per person)	\$	
	NONLOWARD			P.C.	- 1	2		BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE IPER ACCIDENT)	\$	
-									\$	
	UWBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
- 1	EXCESS LIAB CLAIMS-MADE	1			- 1			AGGREGATE	3	
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ACORD 25 (2010/05)

POLICY NUMBER: 42 UEN JF9456



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF THE DECLARATIONS - ADDITIONAL PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED INSUREDS

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

ALTA CARE CORPORATION

ADDITIONAL INSURED

ST FRANCIS

LOCATION

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*2500242JE94560101

HP/SUPERIOR, INC.

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PRODUCER			Phone: 703-359-840	CONTA	CT Kelly H	unev				
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ACORD 26 (2010/05)

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ACORD 26 (2010/05) 1 01 1 #S12662701/M126626B2 © 1988-2010 ACORD CORPORATION. All rights reserved.

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AUTHORIZED REPRESENTATIVE

Chan France

SBN

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AGENCY PRO MCGRIFF, SEIBELS & WILLIAMS 5605 Glentidge Drive - Bulle 300 Atlanta, GA 30342	Ne Extl: 404 497-7500	COMPANY Affiliated FM Insurand New Providence Corg 2000 River Edge Parl Atlanta, GA 30328-4	oo o, oway	**** ·································	
TAX E-MAIL ADDRE	ss: kdevine@mogriff.com				
AGENCY CUSTOMER IO #: 43465	sta cobe:			:	
INSURED Superior Healthcare Investors, Inc.		LOAN NUMBER		POLICY NUMBER GL967	
HP Holdings, Inc. 5895 Windward Parkway Sulle 200		effective date 11/01/2014	EXPRATION DAYE 11/01/2016	CONTINU	ED UNTIL TED IF CHECKED
Alpharotta, GA 30004		THIS REPLACES PRIOR EVE	ENCE DATED!		
EVIDENCE OF PROPERTY INSU	LISTED BELOW HAVE BEEN ISSU JIREMENT, TERM OR CONDITION (RANCE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF S COMERGE (PERKS) FORMS	OF ANY CONTRACT OR OTH	FORDED BY THE P	TH RESPECT TO	O WHICH THIS BED HEREIN IS JID CLAIMS,
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Page 2 of 2

Attachment to Evidence to Peroperty Insurance St. Francis In the Park Heath & Rehabilitation

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Value - Replacement Cost/Special Form	\$ 8,798,103	\$10,000 .
Contents - Replacement Cost/Special Form	\$ 1,234,800	\$10,000
Business Income/Extra Expense Actual Loss Sustained	\$ 1,500,000	\$10,000
Flood Sublimit	\$25,000,000	\$100,000
Earthquake Sublimil	\$25,000,000	\$100,000
Boller & Machinery Property Damage - Included		\$10,000
ಾರiler'& Machinery Business Interruption		Average Dally Value
Certified Acts of Terrorism Included		40100
Demolition and Increased Cost of Construction		¥
tem A: Undamaged Portion tem B: Demolition tem C: Compliance with the Law tem D: Business Interruption	Policy Limit \$5,000,000 Included in Item B Included in Item B	



THE GUARANTEE COMPANY OF NORTH AMERICA USA

One Towns Square, Sie 1470 Southfield, MI 48076 Telephone: 248-281-0284 Fex: 248-750-0431

Continuation Certificate

Wi Department of Hoelih & Family Services • 1 W Wilson St Madison, Wisconsin 53702

continuation of the	the terms of the Bond or Statute, you are hereby given written notice of the following bond:
Bond Number	85004526
	€
issued to	St. Francis in the Park Health & Rehab Center
in tayor of	WI Department of Health & Family Scholars
described as	Pattent Fund Bond
	e effective on <u>9/28/2014</u> and expire on <u>9/28/2016</u> .
This bond continues and all endorsement bond is in force.	In force to the above expiration date provided that losses and recoveries on it s shall never exceed the penalty set forth in the bond, no matter how long this
In Wilness Whereof,	The Guarantee Co. Of North America USA has caused this
29th day of s	ed by its duly authorized Attorney-In-Fact this
	spicinual . , 2014 .
	St. Francis in the Park Heelth & Rehab Center
	Principal
	What he was a second of the se
	By: A Sulling - Only
	* * *
	Ву:
	Kentr Farnell, Attorney-In-Fact
	8 /B N

Serving North America since 1872



1

The Guarantee Company of North America USA Southfield, Michigan

POWER OF ATTORNEY POWER OF ATTORNEY NUMBER (must match bond number on bond):

95004626

Patient Fund Bond

Forty Five Thousand Dollars (\$45,000,00)

KNOW ALL BY THESE PRESENTS: The THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Kellh Parnell, Fairfax, VA

ils true and lawfid attermey(s)-in-fact to execute, seal and deliver for and on its behalf as surely, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract

The execution of such instruments) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA as fully and empty, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by suthority of Atticle IX, Section 8.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a mobiling held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1.

To appoint Attorney(a)-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indomnity and other writings obligatory in the nature thereof; and To revoke, at any time, any such Attorney-fact and sovoke the authority given, except as provided below in connection with obligations in favor of the Fields Department of Transportation only. It is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of relatived percentages and/or final attendates on engineeding and compluction, contracts required by the State of Fields Department of Transportation. It is fully understood that consenting to the State of Fields Department of Transportation making payment of the final submate to the Contractor and/or its assignce, what not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to be Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner—Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facstrille pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the Bih day of Decamber 2011, of which the following is a true excerpt:

RESOLVED that the algorithm of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemity and other writings obligatory in the nature thereof, and such algorithm and seal when so used shall have the same force and effect as though manually effixed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF HORTH AMERICA USA has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 23rd day of Fabruary, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

STATE OF MICHIGAN County of Oakland

Stophon C. Ruschak, Vice President

Randall Musselmen, Secretary

On this 23rd day of February, 2012 before me came the Individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guaraniee Company of North America USA; that the socialized to said instrument is the Corporate Seel of eald Company; that the Corporate Seel and each algosture were duly efficied by order of the Board of Directors of



Cynthle A. Taket Notery Public, State of Michigan County of Ondand My Commission Explies February 27, 2018 Acting in Onkload County

IN WITNESS WHEREOF, I have hereunte set my hand at The Guarantee Company of North America USA offices the day and year above written.

Cynthin a. Takai

I, Randall Musselmen, Secretary of the GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Allomoy executed by the GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and officet.

IN WITNESS WHEREOF, I have thereunto sel my hand and attached the seat of said Company this 29th day of Septembor , 2014

Randoll Musselman, Secretary

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

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CERTIFICATE OF SERVICE

This is to certify that on this date I served a true and correct copy of the within and foregoing **Debtor's Monthly Financial Report** by causing same to be deposited in the United States Mail with adequate postage affixed thereon and addressed to the following person(s):

Office of the United States Trustee 362 Richard Russell Federal Building 75 Spring Street, S. W. Atlanta, Georgia 30303

This day of April, 2015.

Respectfully submitted,

SCROGGINS & WILLIAMSON, P.C.

J. ROBERT WILLIAMSON

Georgia Bar No. 765214 ASHLEY REYNOLDS RAY

Georgia Bar No. 601559

Counsel for the Debtor

1500 Candler Building 127 Peachtree Street, NE Atlanta, GA 30303 (404) 893-3880